

**CONTRACT HOME REPAIR PROFESSIONAL APPLICATION**

**CAPABLE Project**

**Requirements:**

* **Must have a valid Driver’s License.** Limited travel requirements to and from service delivery region in Bastrop County.
* **Ability to work within a collaborative, client-directed model**
* **Ability to carry minimum liability insurance**
* **At least two years experience performing home repair services**

**Name:** Name

**Address:** Street Address **City:** City

**State:** State **Zip:** Zip

**Phone:** Phone number with area code

**Alt. Phone:** Alt. phone

**Email:** Email address

**Certifications:** Enter any special certifications or licensures

**Insurance:** Enter insurance company name and policy number

 (attach proof of insurance to application)

**Do you speak more than one language?** **[ ]**  Yes **[ ]**  No

 If yes, what language(s)? Choose an item.

 Speaking level: Choose an item.

 Writing level: Choose an item.

**Please describe your experience providing home repair services, especially to older adults.**

Click here to enter text

**Please describe your interest in working within a collaborative, client-based model.**

Click here to enter text

 (Initial here) I **certify** that all the information I provided in connection with this application, whether provided on this document or not, is true, complete, and correct to the best of my knowledge. I understand that the information will be used to evaluate my application, and that if I **knowingly** supply incorrect, incomplete, or misleading information on the application or during the interview process I will not be selected or, if selected, that I will be subject to immediate dismissal.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

***Once complete, please attach your resume and any other applicable information and send via email to sjennings @capcog.org***