



**NEIGHBORS NETWORK – SERVICE PROVIDER APPLICATION**

**CONFIDENTIAL SCREENING QUESTIONNAIRE**

**Service Category:** \_\_\_\_\_

**Name & Title/Position of Person Completing the Application:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website URL (if available):** \_\_\_\_\_

**Legal Name of Company** \_\_\_\_\_

*(d/b/a Name of Company if different from legal name)* \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

1. How long have you been in business?
2. What is your legal structure? \_\_\_Sole proprietorship \_\_\_Partnership \_\_\_Corporation
3. List below all of your current licenses and certifications and the issuing agency/organization.
4. What types of insurance coverage do you carry? (Personal Liability, Workers Comp, Property Damage) List the name of your insurance carriers, the effective dates, and the amounts of coverage.



5. Please attach three work references and jobs completed in the past year. Include contact names and phone numbers that we have your permission to contact.
  
6. Do you offer a guarantee on workmanship and parts? Please explain your policy on customer complaint resolution (attach a separate sheet, if needed).
  
7. Do you do the work yourself or do you use employees, assistants and/or sub-contractors? Please explain.
  
8. If you use employees, assistants and/or sub-contractors, are they bonded?
  
9. What type of training and supervision do your employees, assistants and/or sub-contractors have? Do you provide on-site supervision? Do you complete a final quality check when work is completed?
  
10. Do you provide free estimates? Do you require an upfront deposit? If so, what percentage do you require? Please explain.
  
11. How do you price your services—by the hour, by the job? Please explain your hourly rate or job rate for typical jobs. Do you have a minimum charge? Do you charge for travel time to and from the job site? Attach a separate sheet if needed.
  
12. What are your standard working days and hours? Are 24/7 emergency services available? Please explain.



13. How can NN members request your service? By phone? By email? By text message?

14. What geographic areas of Metro Orlando do you typically service?

15. What languages, other than English, can you or your employees speak?

16. What forms of payment do you accept? What is your policy on late payments?

17. What type of background checks do you require of your employees and contractors?

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- **Feel free to use an extra page; refer to each question by number.**
  - **Email your completed application to [Annette@neighborsnetworkfl.org](mailto:Annette@neighborsnetworkfl.org) or send to:**
  - **Neighbors Network, P.O. Box 941417, Maitland, FL 32751.**
  - **For questions, please contact Annette Kelly at 407-620-8556. Thank you.**

#### **NEXT STEP**

Applicants are then contacted by a Neighbors Network Provider Committee volunteer for an interview.

**Thank you for your time and interest in serving Neighbors Network members!**