AGING PARTNERS
A Pioneering Area Agency on Aging

Home Handyman
Application

Interview
Date: _____
Time: _____
(For office use only.)

Date: _____ Driver's License #: _____ Social Security: ____-____-_____

Name: _____ Date of Birth: ____ / ____ / _____
(First) (MI) (Last)

Address: _____ _____ _____ _____
(Street/Apt#) (City) (State) (Zip)

Home Phone: _____ Cell: _____ Email: _____

Are you retired? _____ If yes, past employment/profession? _____

If not, current employer(s)? _____ _____

Emergency Contact: _____ _____ _____
(Name) (Relationship) (Phone Number)

Please check (✓) the work areas you have experience or skill and would be interested in doing.

__ Carpentry
__ Electrical
__ Plumbing
__ Drywall Repair
__ Ceramic Tile
__ Painting/Interior
__ Painting/Exterior
__ Furniture Assembly/Repair
__ Gutter Cleaning/Repair
__ Lock/Install/Repair
__ Garage Door Repair
__ Door/Window Repairs
__ Grab Bars/Handrails
__ Fencing/Deck Repair
__ Ceiling/Exhaust Fans
__ Appliance Repair

Heavy Housework

__ Window Washing
__ Blinds/Window Treatments
__ Move Furniture to Vacuum
__ Scrub Shower/Tub
__ Scrub Hard Surface Floor
__ Work on Step Ladder

Equipment and tools I own and I'm willing to use for Home Handyman work:

__ Mower
__ Bagger
__ String Trimmer
__ Hedge Trimmer
__ Tree Trimmer
__ Post Hole Digger
__ Pick-up Truck
__ Yard Work Hand Tools
__ Edger
__ Leaf Vacuum
__ Leaf Blower
__ Spreader
__ Shop-Vacuum
__ Trailer for Hauling
__ Step-Ladder
__ Hammer Drill
__ Staple Gun
__ Power Washer
__ Rototiller
__ Snow Blower
__ Other: _____

Please complete next page.

I heard about the Home Handyman Program from:

__ Journal/Star Ad __ Other Newspaper __ Living Well Magazine
__ Radio __ Neighbor __ Relative
__ Handyman __ Handyman client __ Other: _____

I am interested in becoming a Handyman because: _____

_____

I learned my Handyman skills by: _____

_____

Medical/Physical limitations or work I choose not to do: _____

_____

Areas of Lincoln I'm willing to work: _____

Please list <u>two character references</u> (no relatives) and <u>one previous employment reference</u>:

1. Name: _____ Relationship: _____
   Address: _____ Phone: _____
   City: _____ State: ____ Zip: _____
2. Name: _____ Relationship: _____
   Address: _____ Phone: _____
   City: _____ State: ____ Zip: _____
3. Name: _____ Relationship: _____
   Address: _____ Phone: _____
   City: _____ State: ____ Zip: _____

Additional comments: _____

_____

_____

_____

_____

Please return to: Aging Partners
Home Handyman Program
233 S. 10th Street, Suite 101
Lincoln, NE 68508

Phone: (402) 441-7030
Website: aging.lincoln.ne.gov