



Service Provider Application Form

Personal Information

Full Name _____ Date _____

Email Address _____ Contact Phone _____

Residential Address _____

State/Province _____ Code _____

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These questions are designed to cover essential aspects of the service provider's personal, professional, and operational background, ensuring that only qualified and reliable providers are registered on your website...

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Professional Information

Business Name (if applicable): _____

Business Address: _____

Years of Experience in the Industry: _____

Professional Qualifications and Certifications: _____

Do you have any specialties or areas of expertise? If so, please specify: _____

Background and Legal Checks

Do you have a valid business license? (Please upload a copy)_____

Do you have liability insurance? (Please upload a copy)_____

Have you ever been convicted of a crime? If so, please provide details:_____

Do you consent to a background check?_____

Do you have any pending lawsuits or legal actions against you or your business? If so, please provide details:_____

References and Reviews

Please provide at least three professional references (Name, Contact Information, Relationship):_____

Can you provide any testimonials or reviews from previous clients?_____

Do you have a portfolio or examples of past work? (Please upload or provide links) _____

Operational Information

What areas or regions do you serve? _____

What are your operating hours? _____

Do you offer emergency or after-hours services? _____

What is your pricing structure (hourly rate, fixed price, etc.)? _____

Do you offer any guarantees or warranties on your work _____

Additional Information

Why do you want to join our platform? _____

Do you follow industry standards and best practices? _____

Do you have a policy for handling customer complaints and disputes? _____

How did you hear about us? _____

Is there any other information you would like to provide? _____

Please check any of the following service you offer

- | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Appliances Repair | <input type="checkbox"/> | Capentry | <input type="checkbox"/> | Handyman Services |
| <input type="checkbox"/> | Plumber | <input type="checkbox"/> | HAVC | <input type="checkbox"/> | Roofing Services |
| <input type="checkbox"/> | Electric Services | <input type="checkbox"/> | Gardening and landscape | <input type="checkbox"/> | Cleaning Services |
| <input type="checkbox"/> | Painting and Decorations | <input type="checkbox"/> | Home Security Services | <input type="checkbox"/> | Locksmith Services |

Please check any of the following documentation you have supplied

- | | | | | | |
|--------------------------|---------------------|--------------------------|-----------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Identity Document | <input type="checkbox"/> | Work Licence | <input type="checkbox"/> | Police Clearance Report |
| <input type="checkbox"/> | Certification | <input type="checkbox"/> | Tax Certificate | <input type="checkbox"/> | business license |
| <input type="checkbox"/> | liability insurance | <input type="checkbox"/> | portfolio | | |

I declare that I have read this application form thoroughly and I understand every question asked. I believe I have no condition that may affect the quality of service I provide. All of the given answers are correct and true to the best of my knowledge. I confirm that the information I have supplied is legitimate and I give permission for it to be verified

Service Providers's Signature

Administrator's Signature