



## Vendor Vetting Questionnaire

The major purpose of *Neighborhood Network* is to enable our members to access safe and reliable professional services, and we take our responsibility seriously. We are pleased to facilitate the connection of our members with reliable fee-for-service providers.

If you would like to join our team of vetted professional providers, please provide us with the **screening** information requested below. If your organization meets our threshold criteria, we will be contacting you to arrange a personal interview to further ensure there is a good match between the professionals we vet and our members.

**Please answer the screening questions below and return by email to Laura Dehler at [coordinator@neighborhoodnetwork.me](mailto:coordinator@neighborhoodnetwork.me) or mail her at Neighborhood Network, 4 Pine Grove Lane, York ME, 03909. We will contact you if we want to conduct an interview.**

### Company Business Information:

Company Name:

Contact Person:

Title:

Street Address 1:

Street Address 2:

City & Zip Code:

Mailing address, if different than above:

Business hours:

Emergency hours, if applicable:

Main phone (with area code):

Mobile phone (with area code):

Emergency phone (if any) (with area code):

Email Address:

Website:

We would like to interview three individuals who have used your services and are willing to recommend you. Please let them know we plan to speak with them so they will expect to hear from us.

- |          |          |               |
|----------|----------|---------------|
| 1) Name: | Phone #: | Email Address |
| 2) Name: | Phone #: | Email Address |
| 3) Name  | Phone #: | Email Address |

**Company Description:**

Briefly describe the services you provide:

What year did your business begin?

What is the amount of your liability insurance coverage?

With what company?

Are you registered/licensed to do business in Maine? Y/N

Are you licensed to do business in Maine? Y/N

Are you professionally licensed? Y/N

What type of license?

Are you bonded? Y/N

Name of bonding company:

What is the amount of your bond?

What is your geographic service area?

Do you perform criminal background checks on individuals whom you hire? Y/N

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If your organization meets our threshold criteria, we will be contacting you to arrange a personal interview to further ensure there is a good match between the professionals we vet and our members.

Please bring copies of the following with you to your interview, if you are contacted for an interview:

- 1) Your state and city business license
- 2) Proof of insurance (liability and workman's compensation if you are enrolled)
- 3) Copies of professional licenses, if applicable
- 4) Proof of bonding, if applicable

**Your Employees:**

How many employees do you have?

What is their average length of employment?

What are their qualifications?

What background checks and screenings do you do? And what periodic checks or screenings do you do?

Do you use subcontractors and/or independent contractors?

How are your employees trained and supervised?

**Working with Neighborhood Network:**

How would we make referrals to you?

Would you offer a membership discount?

Y/N

If yes, please describe discounts:

Would we have a key contact person? What is that person's name and contact information?

Would you be willing and able to provide us with monthly information on Neighborhood Network members who have accessed/used your services?

What tips do you have for our members about how to make the best use of your services?

We will receive feedback from our members on their satisfaction with the service you provided them. Are you receptive to receiving that information?

Please describe your billing and payment process:

If a customer is not satisfied with a service, what is your procedure for dealing with that?

We will serve members in York, Ogunquit, Wells, Kittery, S. Berwick and Eliot. Are you able to work within this entire area, or do you have geographic restrictions?

If yes, please specify:

What questions do you have of us?

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# AUTHORIZATION TO RELEASE INFORMATION



I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Address (street, city, state, zip code) Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth Other Names Used (including maiden name) Years Used

\_\_\_\_\_  
Social Security Number Driver's License # State

\_\_\_\_\_  
Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment or volunteer application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc., or any part thereof, and authorize any duly authorized agent of **Neighborhood Network** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Neighborhood Network** for identification purposes and for the release information which will be considered in determining any suitability for employment or volunteer work. I certify that I have made true, correct, and complete answers and statements on my employment or volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment or volunteer work. I agree to provide additional information that may be requested to process my application. I authorize without reservation, any party or agency contacted by **Neighborhood Network** to furnish the above-mentioned information. This authorization is valid during the course of my employment or volunteer work to the extent permitted by law.

\*\*I hereby  do  do not  authorize you to contact my current employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **Neighborhood Network**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Neighborhood Network** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name Signature Date

Interview team observations and recommendation: