# **Employment Application Form**

## **Contact Information**

#### Name

Last		First		M.I			
Residence							
Number	Street	City	State	Zip			
	DAWS	Poz					
ength in current residence	0 00	Social Secu	urity No.				
Cell Phone		Email	20				
Best Time to Contact:		JIBB	The last				
Please state how much you need t	o make per week:		Contraction of the second				
Education/ Experience							
What is the highest level of education	ion you have comple	ted?	280 1				
What is your current occupation?	A PARTY		Road				
e e	900r pet	(the me					

Please describe your previous employment history?

Please describe your experience caring for and/or owning pets:

Please describe your experience with Customer Service:



Please describe why you would like to become a pet sitter/and or dog walker:

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## **Commitment towards the Job**

- Are you able to return calls within the hour of receipt of call?
- Are you able to answer phone calls after business hours?
- Are you able to stay overnight in clients homes?
- Are you willing to work holidays?
- Do you normally travel for the holidays?
- Are you able to handle last minute changes?
- Can you handle the midday heat?
- Are you willing to walk the dogs in the rain/and or snow?
- Are you physically capable of walking for prolonged periods of time?
- Do you have any dog training experience?
- Are you willing to work on the weekends?
- Are there any animals that you are afraid of?
- Do you have experience with administering medication to animals?
- Do you know pet CPR, First Aid general health issues?

- Have you ever worked for another pet sitting service?
- Have you ever been convicted of a felony?
- Do you have a good driving record?
- Do you have a reliable car?
- Do you have sales experience?
- Do you have car insurance?
- Are you available to take care of a dog in your home?

#### **Entrepreneurial Ability**

Have you ever owned, operated, or managed a business (whether it was a lemonade stand or a multinational company), please describe your role and responsibilities:



### **Scheduling**

Please fill in the blanks with the times that you are available to work each day, make sure to specify AM or PM. Circle the word "Overnight" for those days that you are available to take a dog to your home, or are willing to sleep at the client's house. Overnight visits at clients home begins at 8-9 pm and ends at 6-7 am. (C=Client, H=Your home)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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	0	R	Sha China	9		
		Som	AN AND ROAD	a wo	r	
		- and	pet Un			
Overnight	Overnight	Overnight	Overnight	Overnight	Overnight	Overnight
C/H	С/Н	C/H	C/H	C/H	C/H	С/Н

Please circle the holidays and weekends, you will be available to work. Must be able to work 3 of the major holidays.

January 1: New Years Day January: Birthday of Martin Luther King Jr. February: Washington's Birthday May: Memorial Day July: Independence Day September: Labor Day October: Columbus Day November: Veterans Day, Thanksgiving December: Christmas Eve, Christmas Day

#### **References:**

List 3 references- name, address, and phone (no friends or family)

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2.	SAL DE COL
3.	

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I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. The above information, to the best of my knowledge, is true and correct.

**Please Print** 

Last

First

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Signature

Date

FRO