



Charlene's Pet Sitting Service, Inc.

Employment Application

Name: _____ Social Security # _____ - _____ - _____
Last First MI

Address: _____
Street City State Zip

Home Phone: _____ Date of Birth: _____

Marital Status _____ Ages of Children: _____

Are you 18 years or older?* YES _____ NO _____
Are you authorized to work in the U.S.?** YES _____ NO _____
Have you been convicted of a Felony or Misdemeanor?*** YES _____ NO _____

*The Age Discrimination employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.
**Proof required for first day of employment. (I-9 from Dept. of Immigrations may be necessary.)
***You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.

Have you applied to this company before? _____ If so, when? _____

What hours are you available to work? Weekdays _____ Weekends _____

Are you available on holidays? _____ Are you available to make rounds within a 5-7 mile radius of your home? _____

Are there any other areas in which you would like to pet sit? _____

Date available to work _____ Do you have any pets of your own? _____ How many? _____

Type _____ Years owned? _____

Describe any past work experience with pets _____

Are there any pets for which you would refuse to care for? _____

In your words, why would you like to be a pet sitter? _____

Do you have reliable transportation? _____ Make/ Year of vehicle _____

Do you have a valid driver's license? _____ State and License number _____

Name of automobile insurance provider _____ Policy# _____

Please provide four (4) references (not relative) that we may contact who have known you for several years and can attest to your good character. Please provide an accurate and complete mailing address for each .

Name Address City/ State/ Zip Phone Occupation Yrs. Known

Name Address City/ State/ Zip Phone Occupation Yrs. Known

Name Address City/ State/ Zip Phone Occupation Yrs. Known

Name Address City/ State/ Zip Phone Occupation Yrs. Known

EDUCATION

Diploma/ Major Subject _____

High School _____

Business School _____

Trade School/ Technical College _____

College/ University _____

PET SITTER ESSENTIAL FUNCTIONS

- A) Good Knowledge of pets in general.
 - B) True pet lover.
 - C) Dependable, trustworthy individual.
 - D) Comfortable meeting with the public.
 - E) Detail oriented.
 - F) Practices confidentiality.
 - G) Will remain alert and aware in customers' homes.
 - H) Legible handwriting.
 - I) Responsible driving to client homes (sometimes in the dark).
 - J) May work split shifts (morning, afternoon, evening rounds).
 - K) Able to understand and operate alarm systems.
 - J) Able to write detailed notes for clients' diaries.
 - M) Competent to exercise properly/ walk dogs.
 - N) Willing to clean up feces, urine, vomit when necessary.
 - O) Willing to take out client garbage, water client's plants.
 - P) Able to lift dogs weighing 50 lbs. if necessary.
 - Q) Able to lift dogs or other animals which may include bending, reaching above head.
 - R) Cannot be allergic to pet hair, bird feathers, etc.
 - Q) Uses good judgment in pet, home care, an personal safety.
- Can you do these essential functions? _____
Please identify any you are unable to do. _____

WORK EXPERIENCE List below last four employers starting with last one first.

Date Month/ Year	Name/ Address of Employer	Position	Wage/ Salary
From – To			
Reason for Leaving		Supervisor	Phone
From – To			
Reason for Leaving		Supervisor	Phone
From – To			
Reason for Leaving		Supervisor	Phone
From – To			
Reason for Leaving		Supervisor	Phone

MILITARY

Branch _____ Rank _____ Present Membership in national Guard or Reserves _____

Applicant Certification

I certify that all of the statements made in this application are true and correct to the best of my knowledge and belief and are made in good faith. I give you and your agents the right to investigate all information given and to secure additional information, if necessary. I hereby release from all liability and responsibility all persons, companies, corporations furnishing such information.

I further understand that the completion of this application does not assume me of employment and does not obligate your company to me in any way.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract of employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I further understand that this application will be retained for active employment consideration for six (6) months following date of submission. To remain in consideration for employment after that time, it will be necessary that I complete another application.

I further understand that any misleading or incorrect statement or failure to complete any part of this application not prohibited by law may render this application void and if employment would be cause for immediate discharge.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date