



## Employment Application

### General Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone / Pager: \_\_\_\_\_ Email: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Position Applied For:

Midday Dog Walker

Note: By checking this box I am indicating that I am available to work  
M-F 10:00am-4:00pm.

Pet Sitter/overnights

Note: By checking this box I am indicating that I am available to work  
7 days a week including federal holidays:

Mornings (6am-9:30am)

Evenings (6pm-9:30pm)

Both

Overnights (aprx. 7pm-7am)

Are you eligible to work in the U.S.?  Yes  No

Are you at least 18 years of age?  Yes  No

Are you able to make a commitment to working with this company for at least 9 months?  Yes  No

Do you have access to the internet and email at least two times daily?  Yes  No

Have you ever been convicted of a crime, felony or misdemeanor?  Yes  No. If yes, please explain on back.

My initials here \_\_\_\_\_ indicate that the above statement as to the conviction of a crime, felony or misdemeanor is true and correct.

Do you have a reliable, insured car?  Yes  No

Do you have valid driver's license?  Yes  No

What towns or zip codes are you willing to work in? \_\_\_\_\_

Why are you interested in employment with our company? \_\_\_\_\_

Describe your personal and professional experience with pets: \_\_\_\_\_

Are you comfortable walking more than one dog at a time?  Yes  No

Are you comfortable handling large dogs?  Yes  No

Please select all the types of medications you are comfortable administering:

Pills       Injections       IV's       Oral Meds       Ointments      Other \_\_\_\_\_

List any pet you would prefer not to care for: \_\_\_\_\_

Briefly describe educational background: \_\_\_\_\_

**Employment history: (list your most current employment first)**

1. Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of employer: \_\_\_\_\_

Supervisor/manager name: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
Reasons for leaving: (if any) \_\_\_\_\_

Can we contact your supervisor?  Yes  No

**2.** Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of employer: \_\_\_\_\_

Supervisor/manager name: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
Reasons for leaving: (if any) \_\_\_\_\_

Can we contact your supervisor?  Yes  No

**3.** Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of employer: \_\_\_\_\_

Supervisor/manager name: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_  
Reasons for leaving: (if any) \_\_\_\_\_

Can we contact your supervisor?  Yes  No

Please list three personal references, not related to you, whom you have known for at least one year:

Name: \_\_\_\_\_ phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ Relationship \_\_\_\_\_

My initial here \_\_\_\_\_ indicate the above information and statements are true and correct.

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