



Pet Sitting

Employment Application

Date:

Applicant Information

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Email:

Social Security Number:

Date of Birth:

Are you eligible to work in the U.S.?

Yes

No

Are you at least 18 years of age?

Yes

No

Have you ever been convicted of a crime?

Yes

No

If yes, please explain:

Do you have a reliable, insured car?

Yes

No

Do you have a valid driver's license?

Yes

No

Driver's License Number:

Vehicle Make/Model:

Plate Number:

Availability

We operate seven days a week, 365 days a year. Please state the days/times you are available and willing to work (check all that apply):

Mornings (6:30am –9 am)

Middays (11am–3:30pm)

Dinnertime (4pm-6pm)

Evenings (7pm-10pm)

Overnights (10pm-7am)

Holidays

Please list any times you would not be available to pet sit and reason (work/school schedule, etc).

List any pet-sitting restrictions or preferences:

Where did you hear about our company?

Areas of town you are able to service:

Beaches (Jax Beach, Neptune Beach, Atlantic Beach) Ponte Vedra Southside
(Gate Parkway area)
Intracoastal West (generally San Pablo to Kernan)

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

Are you comfortable handling large/strong dogs? Yes No

Please select all types of medication you are comfortable administering:

Pills Shot/injections Oral Meds Ointments

List any pet you would not prefer not to care for and why.

Education

High School:

City/State:

From: To: Did you graduate? Yes No

College:

City/State:

From: To: Did you graduate? Yes No

Other:

City/State:

From: To: Did you graduate? Yes No

References

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

1. Name:

Phone Number:

Relationship:

Email:

2. Name:

Phone Number:

Relationship:

Email:

3. Name:

Phone Number:

Relationship:

Email:

Employment History (list most current first)

1. Name/Address of Employer:

Dates of Employment: (from) (to)

Job Title:

Duties:

Reason for Leaving:

Name of Supervisor:

May we contact your supervisor?

Phone Number:

2. Name/Address of Employer:

Dates of Employment: (from) (to)

Job Title:

Duties:

Reason for Leaving:

Name of Supervisor:

May we contact your supervisor?

Phone Number:

3. Name/Address of Employer:

Dates of Employment: (from) _____ (to) _____

Job Title:

Duties:

Reason for Leaving:

Name of Supervisor:

May we contact your supervisor?

Phone Number:

Experience

Describe your personal and professional experience with pets. What pets do you currently have, and what pets have you had in the past?

Please tell us a little more about yourself, how pet care would fit into your life, and why you would be a better pet care provider than someone else.

Please describe any customer service experience you have.

Do you feel comfortable meeting with clients, representing A Friend in the Woods in a professional manner, discussing clients' specific pet care needs?

PLEASE READ THE FOLLOWING TERMS CAREFULLY AND SIGN BELOW

I understand that this position may include duties such as: taking out the garbage, cleaning up after the client's pets, and many other such activities and I am willing to do whatever it takes to keep the owner's pets clean, safe, happy and healthy.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission or misstatement of material fact on this application or on any document can be grounds for rejections or, if I am employed by A Friend in the Woods, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated any time either with or without prior notice, and by either me or the company.

I permit A Friend in the Woods to examine my references, record of employment, education and any other information that I have provided. I agree to a criminal background check, including criminal history and driving record.

I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that working part-time for A Friend in the Woods, I will not receive any employee benefits. Medicare and Social Security wages will be paid, and state and federal taxes may be withheld.

I acknowledge that I will be exposed to company trade secrets, confidential client and other data and I agree to retain said information as confidential. I will not disclose any of this information to any third party. After termination of employment, I shall not use the trade secrets or solicit existing clients for any reason.

By typing or signing my name here, I am certifying that I have read and agree to the terms listed above.

Typed Name or Signature:

Printed Name: (if signed above)

Date of Birth: (mm/dd/yyyy)

Date: