



Employment Application

Please complete employment application in its entirety.
Incomplete applications will not be considered.

APPLICANT INFORMATION

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone(s)	E-mail Address	
Date Available	Position of Interest	
Desired Monthly Income		Desired Hourly Wage
Are you willing / able to commit to the position for a minimum of nine (9) months? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		
Have you ever had pets? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		
Have you ever been a pet sitter/dog walker? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain		
Do you have fulltime, reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/> Is it insured? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have daily access to internet/email? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a reliable cell phone? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have vacations planned at this time? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?		

If different from your home address, what area(s) would you like to service?

AVAILABILITY

<input type="checkbox"/> Monday – Hours:
<input type="checkbox"/> Tuesday – Hours:
<input type="checkbox"/> Wednesday – Hours:
<input type="checkbox"/> Thursday – Hours:
<input type="checkbox"/> Friday – Hours:
<input type="checkbox"/> Saturday – Hours:
<input type="checkbox"/> Sunday – Hours:
<input type="checkbox"/> Holidays:

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT HISTORY

PLEASE LIST CURRENT EMPLOYMENT FIRST

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

PLEASE EXPLAIN WHY YOU WOULD LIKE TO BE CONSIDERED FOR A POSITION AS A DOG WALKER/PET SITTER

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date