

# REGISTRATION APPLICATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Last, First MI

Address \_\_\_\_\_

Street, City, State Zip

D.O.B. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ eMail Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Ages of Children \_\_\_\_\_  
(Optional) (Optional)

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 the first day of employment. (I-9 form from Dept. of Immigration 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? \_\_\_\_\_

Are you available weekends? \_\_\_\_\_ Are you available holidays? \_\_\_\_\_

Are you available to make rounds within a 40 mile radius of your home? \_\_\_\_\_

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

Date available for work \_\_\_\_\_

Do you presently have any pets of your own? \_\_\_\_\_ Type/Years Owned \_\_\_\_\_

Describe any past work experience with pets \_\_\_\_\_

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

In your own words, why would you like to be a pet sitter? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_ Make/Year of Vehicle \_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_\_ State and License # \_\_\_\_\_

Name of automobile insurance provider \_\_\_\_\_ Policy # \_\_\_\_\_

Are you honest, reliable and trustworthy? \_\_\_\_\_

Please provide four (4) references (not relatives) 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	Years Known
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**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 with 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 clients homes (sometimes in the dark).
- J) May work split shifts (morning, afternoon, evening rounds).
- K) Able to understand and operate alarm systems.

- L) Able to write detailed notes for clients.
- M) Competent to exercise properly/walk dogs.
- N) Willing to clean up feces, urine, and vomit when necessary.
- O) Willing to take out client garbage, water client's plants.
- P) Able to lift dogs weighing up to 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.
- S) Uses good judgment in pet, home care, and personal safety.

**Can you do these essential functions?** \_\_\_\_\_

**Please identify any you are unable to do.** \_\_\_\_\_

**WORK EXPERIENCE**

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 or responsibility all persons, companies, corporations furnishing such information.

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

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