PAWSitive Petsitting Services

EMPLOYMENT APPLICATION

Pet Sitter / Dog Walker / Overnight Caregiver

Thank you for your interest. Please answer every question. Write "N/A" where a question does not apply. Information will be considered only for legitimate hiring purposes.

POSITION & APPLICANT INFORMATION

POSITION(S) APPLIED FOR _____	APPLICATION DATE _____
FULL LEGAL NAME _____	PREFERRED NAME _____
STREET ADDRESS _____	CITY / STATE / ZIP _____
PHONE NUMBER _____	EMAIL ADDRESS _____
SOCIAL SECURITY NUMBER - COMPLETE ONLY IF HIRED XXX - XX - _____ CONFIDENTIAL: Collect only after hire and store with restricted access.	

Are you at least 21 years old? [ ] Yes [ ] No

Are you legally authorized to work in the United States? [ ] Yes [ ] No

Have you previously applied to or worked for this company? [ ] No [ ] Yes - explain below

IF YES, PROVIDE DATES AND POSITION
_____

AVAILABILITY

EARLIEST START DATE _____	HOURS DESIRED PER WEEK _____
MINIMUM VISIT DURATION YOU CAN ACCEPT _____	MAXIMUM TRAVEL RADIUS (MILES) _____

Employment sought: [ ] Part-time [ ] Full-time [ ] Seasonal [ ] On-call / relief

Available for: [ ] Dog walks [ ] Drop-in visits [ ] Overnights [ ] Split shifts (morning, afternoon, evening)

Holiday availability: [ ] Most holidays [ ] Some holidays [ ] Not available

Day	Available from	Available until	Notes / limitations
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

PET-CARE EXPERIENCE

DESCRIBE YOUR EXPERIENCE CARING FOR ANIMALS Include species, breeds/sizes, length of experience, and paid or volunteer work.
_____
_____
_____

Animals you are comfortable handling: [ ] Dogs [ ] Cats [ ] Birds [ ] Small mammals [ ] Reptiles [ ] Other

Dog sizes you can safely handle: [ ] Under 25 lb [ ] 25-50 lb [ ] 51-80 lb [ ] Over 80 lb

Experience includes: [ ] Puppies/kittens [ ] Senior pets [ ] Reactive pets [ ] Multi-pet homes [ ] Special-needs pets

Care skills: [ ] Oral medication [ ] Topical medication [ ] Injections [ ] Pet first aid/CPR [ ] Basic grooming

Are you willing to clean up pet feces, urine, and vomit when necessary? [ ] Yes [ ] No

Are you able to work around common pet-related allergens, including animal hair, dander, and bird feathers, with or without reasonable accommodation? [ ] Yes [ ] No

EXPLAIN ANY ADVANCED CARE OR MEDICATION EXPERIENCE
_____
_____

HOW WOULD YOU RESPOND IF A PET ESCAPED, BECAME INJURED, OR SHOWED SUDDEN ILLNESS?
_____
_____
_____

HOW DO YOU APPROACH A FEARFUL, ANXIOUS, OR REACTIVE ANIMAL?
_____
_____

DESCRIBE A DIFFICULT PET-CARE SITUATION AND WHAT YOU LEARNED
_____
_____
_____

SAFETY, RELIABILITY & TRANSPORTATION

Do you have reliable transportation to client homes? [ ] Yes [ ] No Make/Year of Vehicle: _____

Do you have a valid driver's license? [ ] Yes [ ] No

State and License #: _____

If driving is required, can you provide proof of current auto insurance? [ ] Yes [ ] No

Name of Automobile Insurance Provider and Policy #: _____

This position requires use of a GPS-enabled smartphone during scheduled work for navigation, visit verification, scheduling, and communication. Can you meet this requirement? [ ] Yes [ ] No

Are you comfortable working alone, entering occupied or unoccupied client homes, and being recorded by client security cameras while working in or around the property? [ ] Yes [ ] No

Where permitted by applicable law, have you been convicted of a felony or misdemeanor? [ ] Yes [ ] No

A conviction does not automatically disqualify an applicant. Do not disclose sealed, expunged, or otherwise protected records.

Can you safely perform the essential duties of the position, including its lifting and exercise requirements, with or without reasonable accommodation? [ ] Yes [ ] No

IF YOU MAY NEED A REASONABLE ACCOMMODATION, YOU MAY DESCRIBE IT HERE OR DISCUSS IT CONFIDENTIALLY LATER Optional
_____

LIST ANY SCHEDULING, ANIMAL-HANDLING, TRAVEL, LIFTING, OR EXERCISE LIMITATIONS RELEVANT TO THE WORK. DO NOT INCLUDE A DIAGNOSIS OR MEDICAL HISTORY
_____
_____

EMPLOYMENT HISTORY

List your three most recent employers, beginning with the most recent. You may include relevant self-employment, gig work, or volunteer service.

1. EMPLOYER / ORGANIZATION

EMPLOYER / ORGANIZATION _____	JOB TITLE / ROLE _____
CITY AND STATE _____	SUPERVISOR NAME AND PHONE _____
DATES EMPLOYED (MONTH/YEAR) _____	MAY WE CONTACT? [ ] Yes [ ] No _____
PAY BASIS [ ] Hourly wage [ ] Salary	

PRIMARY DUTIES AND REASON FOR LEAVING
_____

2. EMPLOYER / ORGANIZATION

EMPLOYER / ORGANIZATION _____	JOB TITLE / ROLE _____
CITY AND STATE _____	SUPERVISOR NAME AND PHONE _____
DATES EMPLOYED (MONTH/YEAR) _____	MAY WE CONTACT? [ ] Yes [ ] No _____
PAY BASIS [ ] Hourly wage [ ] Salary	

PRIMARY DUTIES AND REASON FOR LEAVING
_____

3. EMPLOYER / ORGANIZATION

EMPLOYER / ORGANIZATION _____	JOB TITLE / ROLE _____
CITY AND STATE _____	SUPERVISOR NAME AND PHONE _____
DATES EMPLOYED (MONTH/YEAR) _____	MAY WE CONTACT? [ ] Yes [ ] No _____
PAY BASIS [ ] Hourly wage [ ] Salary	

PRIMARY DUTIES AND REASON FOR LEAVING
_____

EDUCATION, TRAINING & CERTIFICATIONS

HIGHEST LEVEL COMPLETED _____	SCHOOL / INSTITUTION _____
PET FIRST AID / CPR CERTIFICATION Provider and expiration date _____	OTHER RELEVANT TRAINING OR CERTIFICATION _____

OTHER SKILLS RELEVANT TO THIS POSITION Examples: customer service, scheduling apps, animal behavior, administering medication.
_____

PROFESSIONAL REFERENCES

Provide two people who can speak to your reliability, judgment, and animal-care or work experience. Please do not list relatives.

REFERENCE 1: NAME AND RELATIONSHIP _____	PHONE AND EMAIL _____
REFERENCE 2: NAME AND RELATIONSHIP _____	PHONE AND EMAIL _____

JOB-RELATED QUESTIONS

WHY DO YOU WANT TO WORK FOR A PET-SITTING COMPANY?
_____
_____

WHAT DOES EXCELLENT COMMUNICATION WITH A PET OWNER LOOK LIKE TO YOU?
_____
_____

HOW DO YOU STAY ORGANIZED WHEN MANAGING SEVERAL VISITS AND DETAILED CARE INSTRUCTIONS?
_____
_____

WHAT WOULD YOU DO IF YOU REALIZED YOU MIGHT BE LATE FOR A SCHEDULED VISIT?
_____
_____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW? Optional
_____
_____

APPLICANT ACKNOWLEDGMENT & AUTHORIZATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may result in disqualification from consideration or, if hired, termination of employment.

I authorize the company to verify information provided in this application and to contact the employers and references I have authorized. I release the company and information providers from liability arising from a lawful, good-faith verification process.

I understand that any offer may be contingent on job-related screening permitted by law, such as reference checks, identity and work-authorization verification, a motor-vehicle record check when driving is required, and a background check conducted with any notices and written authorizations required by applicable law.

I understand that this application is not an employment contract. If hired, the employment relationship will be governed by applicable law and the company's written policies. No statement in this application changes those policies.

I understand that the company is an equal opportunity employer and does not discriminate on the basis of any status protected by applicable law. Applicants may request a reasonable accommodation for the application or hiring process.

I have read and agree to the acknowledgment above. [ ] Yes

APPLICANT SIGNATURE _____ _____	DATE SIGNED _____ _____
PRINTED NAME _____	INTERVIEWED BY / DATE Company use only _____

COMPANY USE ONLY

Application status: [ ] Interview [ ] Reference check [ ] Offer [ ] Hold [ ] Not selected

INTERVIEW NOTES / NEXT STEPS _____ _____ _____

Retention note: Store completed applications securely and retain or dispose of them according to applicable recordkeeping and privacy requirements.

PAWSitive Petsitting Services

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

For Employment Purposes

DISCLOSURE

PAWSitive Petsitting Services may obtain a consumer report about you for employment purposes. The report may include information concerning your criminal history, motor vehicle record, employment history, education, professional credentials, and other background information permitted by applicable law.

AUTHORIZATION

I authorize PAWSitive Petsitting Services to obtain a consumer report about me for employment purposes. I understand that this authorization permits PAWSitive Petsitting Services to obtain the report from a consumer reporting agency before making an employment decision.

I acknowledge that I have received and read the disclosure above before signing this authorization.

APPLICANT INFORMATION

FULL LEGAL NAME _____	OTHER NAMES USED, IF ANY _____
CURRENT STREET ADDRESS _____	CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ - _____ - _____	
APPLICANT SIGNATURE _____ _____	DATE SIGNED _____ _____