

Application for Employment

Applicants full name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address if different: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Have you ever been convicted of a felony \_\_\_Yes \_\_\_No  
If yes please explain \_\_\_\_\_

Can you be bonded \_\_\_Yes \_\_\_No (HTPSS requires and obtains a Bond for every Pet Sitter)

Do you have a reliable vehicle \_\_\_Yes \_\_\_No (Make and Model) \_\_\_\_\_

Please list your employment history for the past 10 years starting with the most recent one first .  
From / To          Employer Name          Phone          Position          Reason for Leaving

From / To	Employer Name	Phone	Position	Reason for Leaving

Please List at least 3 Personal References that you have known at least 5 years .  
Name                          Phone                          years known                          Relationship to Applicant

1.				
2.				
3.				

Do you have any Professional experience working with other peoples animal's \_\_\_Yes \_\_\_No  
If yes please describe \_\_\_\_\_

Do you have any experience administering medications to animal's \_\_\_Yes \_\_\_No  
If yes please describe \_\_\_\_\_

Please specify experience in administering medications or performing these task for pets (circle all that apply) Pills, Liquids, Shots, Ointments, Sprays, Changing Bandages, cleaning ears, ear medications, cleaning eyes, eye medications, clipping toe nails, stopping toenail bleeding, applying spot on flea control, Checking for flea and Ticks, removing Ticks, Bathing, Grooming,

Do you have any experience in Cleaning wounds or Post Surgical care \_\_\_Yes \_\_\_No  
If yes please describe \_\_\_\_\_

Do you have experience in caring for older pet's \_\_\_Yes \_\_\_No  
If yes please describe \_\_\_\_\_

Do you have experience in caring for medical needy pet's \_\_\_Yes \_\_\_No

If yes please describe\_\_\_\_\_

Do you have experience in caring for handicap or disabled pets \_\_\_Yes \_\_\_No

If yes please describe\_\_\_\_\_

Please specify the Pets that you have experience working with (check all that apply)

\_\_\_Dogs \_\_\_Cats \_\_\_Birds \_\_\_Fish \_\_\_Rabbits \_\_\_Mice, Hamsters, Gerbils  
\_\_\_Horses \_\_\_Cows \_\_\_Calves \_\_\_Farm Animals \_\_\_Snakes \_\_\_Reptiles \_\_\_Spiders \_\_\_Other \_\_\_\_\_

Are there any Pets that you are opposed to handling or provide services for \_\_\_Yes \_\_\_No

If so please list:\_\_\_\_\_

Are you certified in Pet CPR \_\_\_Yes \_\_\_No if not are you willing to Learn Pet CPR \_\_\_Yes \_\_\_No

Are you willing to transport animals in your private vehicle \_\_\_Yes \_\_\_No

Are you willing to build your Client Base in your assigned area \_\_\_Yes \_\_\_No

Are you willing to get paid a commission based on your actual work for the client \_\_\_Yes \_\_\_No

Are you willing to travel out of your area to cover for another Pet Care Provider \_\_\_Yes \_\_\_No

Are you available to stay at the client's home for overnight services \_\_\_Yes \_\_\_No

How far are you willing to travel (keep in mind that some clients may want 3 to 4 sit's a day) \_\_\_\_\_miles

Do you have another Job \_\_\_Yes \_\_\_No

If yes where and how long:\_\_\_\_\_ is this (circle one) part time or full time

If No is this going to be your only source of income \_\_\_Yes \_\_\_No

What are your days available for work: Mon Tue Wed Thu Fri Sat Sun

What times are you able to work (Circle all that apply) Morning Evening Nights Weekends Holidays

What area are you applying for\_\_\_\_\_

When are you available to start: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Please Mail To:  
Happy Trails Pet Sitting Service, LLC  
Po Box 306  
Parrish, FL 34219