

Furry Buddies In Home Service, LLC
P.O. Box 52
Flourtown, PA 19031
215-836-2738
www.furry-buddies.com

APPLICATION FOR SUB-CONTRACTORS

Note: This organization is an equal opportunity employer and does not discriminate against applicants or employees on the basis of age, race, color, gender, pregnancy, national origin, religion, disability, veteran status, or other status protected by federal or state laws.

IDENTIFYING INFORMATION =====

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (_____) _____ Social Security #: _____

Position Applied For: _____

Are you legally eligible to work in the United States? Yes: ____ No: ____ Comment: _____

Are you at least eighteen years of age? Yes: ____ No: ____ Comment: _____

Have you ever been convicted of a crime (including traffic violations)? _____

SKILLS INVENTORY =====

Ability to walk dogs weighing up to 40 lb.	Excellent	Satisfactory	Poor
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Ability to walk dogs weighing 40 lb.-120 lb.	Excellent	Satisfactory	Poor
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Ability to clean litter boxes	Excellent	Satisfactory	Poor
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Ability to lift 20 lb.-40 lb. bags of pet food, kitty litter, etc.	Excellent	Satisfactory	Poor
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Ability to lift pets needing veterinary care	Excellent	Satisfactory	Poor
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Ability to operate home security systems	Excellent	Satisfactory	Poor
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Do you presently have any pets of your own? _____

Do you have any pet-related hobbies or interests? _____

Are there any pets for which you would refuse care? _____

Do you have a valid Driver's License, car insurance and reliable transportation (or access to public transportation) for making pet-sitting visits? _____

In your own words, why would you like to be a professional pet sitter? _____

EDUCATIONAL BACKGROUND =====

1. School Attended: _____ Address: _____

Dates Attended: From: _____ To: _____ Degree(s) Earned: _____

Honors Earned or Extracurricular Activities: _____

2. School Attended: _____ Address: _____

Dates Attended: From: _____ To: _____ Degree(s) Earned: _____

Honors Earned or Extracurricular Activities: _____

3. School Attended: _____ Address: _____

Dates Attended: From: _____ To: _____ Degree(s) Earned: _____

Honors Earned or Extracurricular Activities: _____

WORK HISTORY =====

1. Employer: _____ Dates: From: _____ To: _____

Address: _____

Last Position Held: _____ Last Salary: \$ _____ Per: _____

Reason for Leaving: _____

2. Employer: _____ Dates: From: _____ To: _____

Address: _____

Last Position Held: _____ Last Salary: \$ _____ Per: _____

Reason for Leaving: _____

3. Employer: _____ Dates: From: _____ To: _____

Address: _____

Last Position Held: _____ Last Salary: \$ _____ Per: _____

Reason for Leaving: _____

4. Employer: _____ Dates: From: _____ To: _____

Address: _____

Last Position Held: _____ Last Salary: \$ _____ Per: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES =====

(Please do not list friends or relatives)

1. Name: _____ Phone #: (____) _____

Professional Relationship: _____

2. Name: _____ Phone #: (____) _____

Professional Relationship: _____

3. Name: _____ Phone #: (____) _____

Professional Relationship: _____

4. Name: _____ Phone #: (____) _____

Professional Relationship: _____

EMERGENCY CONTACT =====

Name: _____ Phone #: (____) _____

Relationship: _____

AUTHORIZATION AND RELEASE (Please read and sign)

I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand any misrepresentation on my part could result in a decision not to hire me, or if hired, disciplinary action up to and including termination of my employment. I authorize the company to conduct a thorough investigation of my background for purposes of considering my application for employment. I understand this investigation may include contacting former employers, educational institutions, professional references, criminal history, motor vehicle driving record, physical examination, drug and alcohol tests and social security number verification. I specifically authorize the release of any records or other relevant information for this purpose.

Signature: _____ Date: _____

OFFICE USE ONLY

