

Pet Watch, Inc.

Professional Pet Sitting Company

770-887-7930

Independent Contractor's Application

Name: _____ Soc. Sec. # _____
Last First Middle

Present Address: _____
Number Street City State Zip

Home Phone: _____ Cell Phone: _____ Birthday: _____

Marital Status: _____ Ages of Children: _____

Have you ever been convicted in any court of any offense, including traffic violations? Y or N
If yes, please give details below:

Conviction is not an automatic bar to employment.

Are you a US citizen? _____ If no, what is your current Visa status? _____

What is the present condition of your health? _____ How much time have you lost through illness in the last two years? _____ Provide nature of illness and details: _____

Hobbies or special interests: _____

What hours are you available to make pet sitting rounds? _____

Are you available to work weekends? _____

Are you available to work holidays? _____

Are you available to make rounds within a 20 mile radius of where you live? _____

Please list any other areas in which you would like to pet sit: _____

Date available to work: _____

Do you presently have any pets of your own? _____

(type of pets, number of years owned)

Describe any past work experiences with pets: _____

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

Please tell us why you would like to be a pet sitter, in your own words: _____

Can you provide your own transportation? _____ Make and year of Vehicle: _____

Do you have a valid driver's license? _____ License Number: _____

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. Provide accurate and complete mailing address:

Name	Address	City	State	Zip	Phone	Occupation	Years Known
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Name	Address	City	State	Zip	Phone	Occupation	Years Known
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Education

High School: _____ From: _____ To: _____
 Business School: _____ From: _____ To: _____
 Trade School: _____ From: _____ To: _____
 College: _____ From: _____ To: _____
 Undergraduate Major: _____ Minor: _____
 Undergraduate Major Cum. Avg: _____

Work Experience:

Start with the present or most recent employer and work back. Provide accurate mailing address and phone numbers of employers.

Name of Employer: _____ Address: _____
 Phone Number: _____ Dates of Employment: _____
 Immed. Supv.: _____ Reason for leaving: _____
 Last Salary: _____ May we contact this employer: Yes or No

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 Phone Number: _____ Date of Employment: _____
 Immed. Supv.: _____ Reason for leaving: _____
 Last Salary: _____ May we contact this employer: Yes or No

Please Read Carefully

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 addition information if necessary. I hereby release from all liability or responsibly 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.

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 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.

Applicant Signature

Date