

**East Coast Pet Care, LLC
2007 Employment Application**

Date _____

Last Name _____ First Name _____ MI _____
Address _____ SSN _____
City _____ State _____ Zip _____ - _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail _____

Emergency Contact

Name _____ Phone _____
Relation _____

Position Applying for:

- ___ Midday Dog Walker
- ___ House/Pet-Sitter
- ___ Cat-Sitter
- ___ Office Support

Hours you are available to work:

Midday Dog Walking Applicants need to be available from 10:00 – 4:00. Pet-Sitting Applicants need to be available from 6:30 – 9:30 am and 6:30 – 9:30 pm, and on weekends and holidays.

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Are you willing to work the following holidays (compensated accordingly)

- ___ Christmas Eve
- ___ Christmas Day
- ___ Thanksgiving
- ___ Memorial Day
- ___ Labor Day
- ___ July 4th
- ___ New Years Eve
- ___ New Years Day

Are you eligible to work in the U.S? ___ Yes ___ No
Are you at least 18 years of age? ___ Yes ___ No
Have you ever been convicted of a felony? ___ Yes ___ No

If yes please explain _____

Do you have a reliable, insured car? ___Yes ___No

Do you have a valid driver's license? ___Yes ___No

Please check what towns and areas you are willing to work in. If willing to work in all areas of a town, simply check off that town.

- ___ Arlington
 - ___ Pentagon City
 - ___ Crystal City
 - ___ South Arlington
 - ___ Clarendon
 - ___ Ballston
 - ___ Courthouse
 - ___ North Arlington

- ___ Fairfax
 - ___ Fair Lakes
 - ___ Herndon
 - ___ Reston
 - ___ Centreville
 - ___ Chantilly
 - ___ Fair Oaks

- ___ Falls Church
- ___ McLean
- ___ Tyson's Corner
- ___ Great Falls
- ___ Springfield
- ___ Alexandria

Why are you interested in working for East Coast Pet Care? _____

Please describe your personal and professional experience with animals: _____

Can you...

Walk more than one dog at a time? ___Yes ___No

Handle large dogs? ___Yes ___No

Administering Medications?

 This includes:

 Eye Drops ___Yes ___No

 Insulin Shots ___Yes ___No

 Ear Drops ___Yes ___No

 Pills ___Yes ___No

Employment History (Please list most current employment first) OR you may send a resume with this form.

Employer _____ Date of Employment _____

Supervisor name _____ Phone _____

Duties _____

Reason for leaving _____

Can we contact your supervisor? ___Yes ___No

Employer _____ Date of Employment _____

Supervisor name _____ Phone _____

Duties _____

Reason for leaving _____

Can we contact your supervisor? ___Yes ___No

Employer _____ Date of Employment _____

Supervisor name _____ Phone _____

Duties _____

Reason for leaving _____

Can we contact your supervisor? ___Yes ___No

Please list three personal or professional references not related to you whom you have known for at least 2 years.

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

I verify that the information provided is accurate and true to the best of my knowledge.

Signature_____ Date_____