

Around Midnight Pet Services
Employment Application

PERSONAL DATA				
Last Name:	First Name:	Middle Name:	Home Phone:	Business Phone:
Street Address:		City:	State:	Zip:
Date of Birth:	Social Security Number:	Gender:		
List any other names you have ever used (including maiden name):		E-mail address:		
Contact name and number in case of an emergency:		Relationship to emergency contact:		
Current Employer Name:				
Employer Address:				
Do you work Full-time: _____ or Part-time: _____				
May we contact your current employer for a reference? Yes or No If no, please explain...				
Brief description of work:				
Are you interested in a Full-time _____ or Part-time _____ position? Are you interested in Daily Walks _____ Vacation				
Visits _____ Overnight Companionship _____ or Resident Companionship? (Please check all that apply.)				
What hours are you available? <input type="checkbox"/> 7:00am-10:30am <input type="checkbox"/> 11:30am-3:30pm <input type="checkbox"/> 4:00pm-8:00pm <input type="checkbox"/> 7:00pm-7:00am <input type="checkbox"/> All <input type="checkbox"/> Other				
What days are you available? <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun				
Are you available to work on holidays? Yes or No				
Which ones? <input type="checkbox"/> July 4 th <input type="checkbox"/> Labor Day <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas <input type="checkbox"/> New Year's Eve				
What areas are you willing and able to serve? <input type="checkbox"/> Ashburn <input type="checkbox"/> Lansdowne/Leesburg <input type="checkbox"/> Brambelton <input type="checkbox"/> South Riding				
<input type="checkbox"/> Cascades/Lowes Island (Sterling) <input type="checkbox"/> Reston <input type="checkbox"/> Fairfax <input type="checkbox"/> Oakton <input type="checkbox"/> Purcellville <input type="checkbox"/> Round Hill <input type="checkbox"/> Hamilton				
Check your highest level of formal education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Some College/Tech School <input type="checkbox"/> Post Grad				
Do you presently volunteer with any animal related organizations? Yes or No If so, please name them...				
Do you currently have any pets? Yes or No If yes, what type?				
Please list the type of pets, if any, that you had in the past.				

Do you have pet sitting and/or house sitting experience? Yes or No If yes, did you work for a company or for yourself?

Do you drive? Yes or No Do you have a valid driver's license? Yes or No

Do you have regular access to a reliable car? Yes or No

Race (optional): White ____ (Non-Hispanic) Black ____ (African American/Caribbean) Hispanic ____

Asian ____ Other ____ (Native American, Indian, Middle Eastern, Pakistani)

What strengths do you feel you will bring to *Around Midnight Pet Services*?

What weaknesses do you feel you will bring to *Around Midnight Pet Services*?

CRIMINAL BACKGROUND INFORMATION

Have you ever been charged with a crime? Y ____ N ____

Have you ever been arrested? Y ____ N ____

Have you ever been convicted of a crime? Y ____ N ____

If you answered "yes" to any of the above questions, list the incident in the section below and explain in detail on the back of this sheet.

Date	Charge	Police Agency-City and State	Disposition/Sentence

***All employees must submit to a criminal background check. Are you willing to do this? Yes or No**

REFERENCES

Please list three (3) references of people who know you well (non-family), preferably people for whom you have worked in either a paid or unpaid capacity. If you are currently employed (paid or unpaid), please include the name of your supervisor.

Name:		Residence or Business Address (number and street):	
How long known?	Occupation	City State Zip	Telephone:
Name:		Residence or Business Address (number and street):	
How long known?	Occupation	City State Zip	Telephone:
Name:		Residence or Business Address (number and street):	
How long known?	Occupation	City State Zip	Telephone:

I hereby certify that all statements made on this application are true and correct to the best of my knowledge.

I understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as an employee. I further understand that my signature on this application authorizes Around Midnight Pet Services to complete record checks.

Applicant's signature

Date _____

No individual will be rejected because of race, color, religious creed, national origin, sex, age or marital status.