



Independent Contractor Application

Name: _____ DL#: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____)____ - _____ Cell: (____)____ - _____ Email: _____

Car Make/Model: _____ Plate #: _____ Date of Birth: _____

Areas able to service (10-15 min. from home):

List 3 Pet References whom you have known for at least 3 years (not related to you):

#1 Name: _____ Address: _____

Phone: (____)____ - _____ Relationship: _____ Years Known: _____

#2 Name: _____ Address: _____

Phone: (____)____ - _____ Relationship: _____ Years Known: _____

#3 Name: _____ Address: _____

Phone: (____)____ - _____ Relationship: _____ Years Known: _____

Present and Past Employment (beginning with most recent job). Explain any gaps in employment.

#1 Company: _____ Job Title: _____

Address: _____ Dates of Employment: _____

Supervisor: _____ Phone: (____)____ - _____

Reason for Leaving: _____

#2 Company: _____ Job Title: _____

Address: _____ Dates of Employment: _____

Supervisor: _____ Phone: (____)____ - _____

Reason for Leaving: _____

#3 Company: _____ Job Title: _____

Address: _____ Dates of Employment: _____

Supervisor: _____ Phone: (_____) _____ - _____

Reason for Leaving: _____

EDUCATION

High School: _____ Address: _____

Years Attended: _____ Did You Graduate? No Yes

College: _____ Address: _____

Years Attended: _____ Did You Graduate? No Yes

Other Schooling: _____ Address: _____

Years Attended: _____ Degree/Certification Earned: _____

Please answer the following:

1. Are you able to stay overnight in a clients' home? No Yes

2. Are you afraid or allergic to any animals? No Yes

If yes, explain: _____

3. Please mark when you are available to care for pets:

Early morning (7-9 a.m.) No Yes

Lunch time (11am-2pm) No Yes

Early evening (6-8pm) No Yes

Evenings (8-10pm) No Yes

Overnight (9pm-7am) No Yes

Weekends/Holidays No Yes

4. Are there any days you cannot work? _____

5. List any planned vacations or upcoming time off that you will require in the current year:

6. Describe your experience working with animals: _____

7. Are you currently a pet parent? No Yes
If yes, what pets do you currently have in your household? _____
How many years have you had pets? _____

8. During the past 5 years, have you ever been convicted of, pled guilty to or pled no contest to a crime, *excluding* misdemeanors and traffic violations? Yes No

9. Are you or have you ever been a sex offender registered with any federal, state, or local government agency? Yes No

10. Do you have any traffic violations on your driving record? No Yes

11. Do you have a reliable, registered and insured vehicle? No Yes

12. Have you ever worked for another pet sitting service? No Yes
If yes, Name: _____ How Long: _____

13. Have you ever performed any pet/house sitting services on your own? No Yes
If yes, explain: _____

14. Please tell us why you are interested in this position and why you think you would be a GREYT pet sitter: _____

Emergency Contact (Required)

In the event of an emergency affecting your health or a car accident, please provide a contact person for whom we have your permission to consult.

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

I hereby state that the above information is, to the best of my knowledge, true and accurate. I understand that if hired, I will be required to sign an independent contractor agreement that contains a non-disclosure/non-solicitation agreement as part of the contract.

Signature _____ Date: ____/____/____

**GREYT DAYS Dog Sitting, LLC
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484.433.0265
www.GreytDays.com**