



APPLICATION FOR CONSIDERATION

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question must be fully and accurately answered. PLEASE PRINT ALL OF YOUR ANSWERS, except for your signature on the back of this application. Incomplete or illegible applications cannot be processed.

GENERAL INFORMATION

| | | | |
|---|--|---|------------------------|
| TODAY'S DATE | HOME PHONE () | WORK PHONE () | CELL PHONE () |
| LAST NAME | | FIRST NAME | MI |
| CURRENT STREET ADDRESS | | | SOCIAL SECURITY NUMBER |
| CITY | | ST | ZIP |
| HOW LONG? | | | |
| MAY WE CONTACT YOU AT ALL PHONE NUMBERS? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | EMAIL ADDRESS WE CAN USE TO CONTACT YOU: | |
| IF NO, WHAT IS THE PREFERRED NUMBER? | | DO YOU CHECK EMAIL AT LEAST ONCE A DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| LIST OTHER PLACES OF RESIDENCE IN THE PAST SEVEN (7) YEARS: | DATES YOU LIVED THERE: | LIST ANY OTHER NAMES OR SSNS USED IN THE PAST SEVEN YEARS: | DATES USED: |
| STREET ADDRESS CITY STATE ZIP | | | |
| | | | |
| | | | |
| HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION (EXCEPT A MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE INCIDENT, CITY/STATE, AND CHARGE. (Include any plea of "Guilty" or "No Contest," including any arrangement of deferred adjudication, sentence or judgment. Answering yes to any of these questions will not necessarily disqualify applicant for consideration.) | | | |

SCHEDULE AVAILABILITY

| | | |
|---|---|---|
| GEOGRAPHICAL AREAS/LIST BY CITY AND ZIP CODE: <input type="checkbox"/> NORTH METRO _____ <input type="checkbox"/> SOUTH METRO _____ <input type="checkbox"/> EAST METRO _____ <input type="checkbox"/> WEST METRO _____ | JOB APPLIED FOR/SUGGESTED TIMES AVAILABLE: <input type="checkbox"/> PETSITTER (6 am – 9 pm) <input type="checkbox"/> DAY SITTER (8 am – 5 pm) <input type="checkbox"/> DOG RUNNER (10 am – 2 pm) <input type="checkbox"/> DOG WALKER (10 am – 2 pm) <input type="checkbox"/> OVERNIGHT SITTER (6pm – 7 am) <input type="checkbox"/> IN-HOME CARE (24 hours) ARE YOU COMFORATBLE WORKING DURING INCLEMENT WEATHER/SUCH AS RAIN, SLEET OR SNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOLIDAYS AVAILABILITY: <input type="checkbox"/> CHRISTMAS /EVE <input type="checkbox"/> NEW YEARS DAY/EVE <input type="checkbox"/> THANKSGIVIING WEEKEND <input type="checkbox"/> MEMORIAL DAY <input type="checkbox"/> FOURTH OF JULY |
| WHAT IS YOUR EXPECTED REVENUE GOAL PER WEEK? | WHEN COULD YOU START WORKING? | ARE YOU AVAILABLE TO WORK CONTINUALLY FOR A MINIMUM OF SIX MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLEASE PROVIDE ALL SCHEDULED VACATIONS FOR THE NEXT SIX MONTHS: | | DO YOU HAVE ANY CONFLICTS WITH WORKING WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU NOW OR DO YOU EXPECT TO BE ENGAGED IN ANY OTHER BUSINESS OR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, EXPLAIN: | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO |

EDUCATION

| NAME OF SCHOOL, CITY AND STATE | NAMES USED DURING ATTENDANCE | COURSE OF STUDY | DEGREE | # YRS COMPLETED |
|--------------------------------|------------------------------|-----------------|--------|-----------------|
| COLLEGE OR UNIVERSITY | | | | |
| TRADE OR BUSINESS SCHOOL | | | | |
| HIGH SCHOOL | | | | |

JOB RELATED SKILLS This includes the driving and transportation related questions

HAVE YOU DONE PET CARE IN THE PAST? YES NO IF YES, PLEASE DESCRIBE:

| | |
|--|---|
| WHAT SPECIALIZED PET TRAINING COURSES HAVE YOU COMPLETED? PLEASE LIST COURSE NAME AND DATE COMPLETED | WHAT VOLUNTEER WORK ARE/WERE YOU INVOLVED IN THAT IS RELATED TO PETS OR ANIMALS IN GENERAL? |
|--|---|

HAVE YOU EVER; OWNED, TRAINED, FOSTERED, ANY ANIMAL? IF SO, WHAT TYPE OF ANIMAL AND PLEASE DESCRIBE THE CIRCUMSTANCES.

HAVE YOU COMPLETED PET FIRST AID COURSES? YES NO IF YES, LIST DATE COMPLETED

| | |
|--|--|
| <p>DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>FOR EMERGENCY SITUATIONS OR IN-HOME CARE:</i></p> <p>DO YOU HAVE A "DOG-FRIENDLY" VEHICLE FOR TRANSPORTING ANIMALS AND THE ABILITY TO HOUSE ANIMALS IF NEEDED?</p> <p><input type="checkbox"/> KENNEL/CRATE/ OR RESTRAINT SYSTEM IN CAR</p> <p><input type="checkbox"/> AIR CONDITIONING</p> <p><input type="checkbox"/> WASHABLE SEAT COVERINGS—(DOGS WILL GET VEHICLES DIRTY)</p> <p><input type="checkbox"/> RAMPS/OR PHYSICALLY ABILITY TO LIFT DOGS INTO VEHICLES</p> <p><input type="checkbox"/> PET CRATE (S) IN HOME</p> <p><input type="checkbox"/> FENCED YARD</p> <p><input type="checkbox"/> INDOOR HOUSING FOR PET</p> | <p>DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU HAVE AUTO INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CAN YOU PROVIDE PROOF OF THESE DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>LIST MAKE AND MODEL OF VEHICLE _____</p> <hr/> <p>LIST PET/ANIMAL RELATED ORGANIZATIONS OR MEMBERSHIPS IN WHICH YOU PARTICIPATE. (i.e. NAPPS)</p> <hr/> |
|--|--|

JOB EXPERIENCE: We will make every effort to contact previous employers. As such, the correct telephone numbers of past employers are critical.

| MOST RECENT EMPLOYER | If currently working for this employer, may we contact? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------------|---|--|
| Company Name | City and State | Dates Employed (Month & Year) |
| Supervisor | Supervisor's Phone () | From To |
| Another Supervisor/Coworkers | Coworker/Supervisor's Phone () | Pay Rate \$ per |
| Job Title and Duties | | Reason for leaving |
| Company Name | City and State | Dates Employed (Month & Year) |
| Supervisor | Supervisor's Phone () | From To |
| Another Supervisor/Coworkers | Coworker/Supervisor's Phone () | Pay Rate \$ per |
| Job Title and Duties | | Reason for leaving |

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? YES NO IF YES, PLEASE EXPLAIN:

JOB REFERENCES: PLEASE

LIST PET CARE REFERENCES IF APPLICABLE---List three references who are NOT relatives or former employers. Do not duplicate persons listed above.

| Name | Phone | Relationship to you |
|------|-------|---------------------|
| | | |
| | | |
| | | |

APPLICANT CERTIFICATION AND RELEASE ----- READ EACH STATEMENT CAREFULLY BEFORE SIGNING

As You Wish has described the position I am applying for to me; either orally or in writing, and I understand the requirements of the position.
 YES NO

I certify that I am capable of performing the essential functions of the position in which I am applying, with or without any reasonable accommodations. YES NO

I certify that all information provided in this application for consideration is true and accurate. I understand that any false information or omission may disqualify me from further consideration and may result in a termination of the relationship if discovered at a later date. I understand that *As you Wish* or its agents may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize *As You Wish* and/or its agents to verify any of the information contained in this application and other documents used to evaluate me for consideration. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer, it may be conditional upon my successful passing all pre/post offer tests, exams and checks including medical and drug tests. I consent to the release of any or all medical information as may be necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug-screening exam. I hereby consent to a pre- and/or post offer drug screen as a condition of consideration, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT CONSIDERATION IS FOR A LICENSEE OF *AS YOU WISH*. IF ACCEPTED AS A LICENSEE, IT DOES NOT GUARANTEE A POSITION OF LICENSEE WITH *AS YOU WISH* FOR ANY DEFINITE PERIOD OF TIME AND IT IS NECESSARY FOR ME TO READ AND SIGN A LICENSEE CONTRACT BEFORE BEGINNING WORK. I WILL BE REQUIRED TO FOLLOW THE GUIDELINES SET IN THIS CONTRACT. A BREACH OF THE LICENSEE CONTRACT CAN RESULT IN A TERMINATION OF THE RELATIONSHIP.

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

DATE _____ SIGNATURE _____