



Application for Employment

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY. THIS EMPLOYER PERFORMS A DETAILED BACKGROUND INVESTIGATION ON ALL FINAL CANDIDATES.

Important Notice: Applicants should be extremely careful as they complete this application. Pet Sitting To The MAX, LLC utilizes a sophisticated and detailed background and pre-employment investigation process. This process frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it will cause you to be either disqualified for employment with Pet Sitting To The MAX, LLC, as an applicant, or be grounds for termination if the inaccuracies are discovered subsequent to your employment. Accordingly, we strongly suggest that you NOT complete this application until you have the requisite time and accurate information to do so.

Pet Sitting To The MAX, LLC, is a equal opportunity employer and will not discriminate against any employee or applicant for employment in an unlawful manner. Employment is conditioned on the successful completion of the screening program. The information sought on this form is given voluntarily and may be used in filing reports required by state or federal governments.

Position(s) applied for: _____	Application Date _____
Type of employment desired: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary	

Applicant name: _____	Date _____
List other names you use or have used, including maiden names, nicknames, stage names, married names. _____	
Address: _____	City: _____ State: _____ Zip: _____
Telephone #: () _____	Email: _____

How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
	<input type="checkbox"/> Friend/relative	<input type="checkbox"/> Walk In
	<input type="checkbox"/> Web	<input type="checkbox"/> Other _____

Date you will be available to start work: _____

Driver's License # _____

Salary Requirements _____ / _____

- | | | |
|--|------------------------------|-----------------------------|
| Are you able to meet the attendance requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any objection to working overtime if necessary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work evenings and weekends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been previously employed by Pet Sitting To The Max, LLC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, can you show proof that you may legally work in the USA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you are under 18, can you furnish a work permit if it is required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we contact your current employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you able to travel if required for your job duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Emergency Contact:			
Name ()	Relationship		
Home Phone Number ()	Address		
Work Phone Number/ext	City	State	Zip

Employment History

Please provide all employment information for the past seven years employment starting with the most recent. You may use another sheet if necessary.

Employer: _____ Position held: _____
 Address: _____ Telephone #: () _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____
 Job summary: _____
 Reason for leaving: _____

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Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, number of years completed, course of study, and any degrees earned:

	School Name and City	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

References

List 3 people who can comment on your character and work habits, including telephone numbers, and years known (do not include relatives or employers):

1.	_____	()
	Name	Phone
	_____	_____
	Relationship	Years known
2.	_____	()
	Name	Phone
	_____	_____
	Relationship	Years known
3.	_____	()
	Name	Phone
	_____	_____
	Relationship	Years known

Please comment on why we should consider you for employment:



I hereby authorize Pet Sitting To The MAX, LLC, to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I hereby release from liability, Pet Sitting To The MAX, LLC, and its representatives for seeking, obtaining, and using such information to make employment decisions. I also hereby release Pet Sitting To The MAX, LLC, and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that Pet Sitting To The MAX, LLC, does not discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

Are you able to perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

If no, please describe the function that you cannot perform:

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that I will be required to provide proof of a current clear DMV report if I am required to drive as a component of my job with Pet Sitting To The MAX, LLC. I hereby authorize Pet Sitting To The MAX, LLC, to verify the validity of my driver's license at any time during my employment if I am required to drive in the course of my job with Pet Sitting To The MAX, LLC.

ARBITRATION

I agree that all claims by me arising during the application process, as well as during and following my employment with Pet Sitting To The MAX, LLC, including, but not limited to, unlawful discrimination and/or harassment, wrongful demotion, wrongful termination, invasion of privacy, or defamation will be presented to a neutral arbitrator for final and binding decision in accordance with the procedures adopted by Pet Sitting To The MAX, LLC. Binding arbitration will be used as well in the event of a claim filed with either the Equal Employment Opportunity Commission or the California Department of Fair Housing and Employment once the agency has completed its determination.

I also agree that if any California Court with jurisdiction declares that any part of this arbitration agreement is illegal, invalid or unenforceable, such a declaration will not affect the legality, validity or enforceability of the



remaining parts of the agreement, and that illegal, invalid or unenforceable part(s) will no longer be part of this agreement.

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR CLAIMS ARISING OUT OF THE APPLICATION PROCESS AS WELL AS EMPLOYMENT WITH PET SITTING TO THE MAX, LLC, SHOULD IT BE OFFERED. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY WILL DECIDE THE OUTCOME OF ANY CLAIM OR DISPUTE.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date

Please Note: Pet Sitting To The MAX, LLC, maintains applications on active file only for a 30 day period of time. If you wish to be considered after a 30 day period, please re-apply.