



Pet Sitters Ireland

**Independent Contractor
Application and Registration**



PSI (Pet Sitters Ireland) Limited
Clogrennane Glebe, Clogrennane, Carlow. 059 914 2831 www.PetSittersIreland.ie

**Pet Care Provider Application
&
Registration**



Read before completing:

All information is confidential and will not be shared with any other party.

You are applying to be an Independent Contractor please read the TERMS AND CONDITIONS FOR THE PROVISION OF PETCARE SERVICES (E.G. PETSITTING) AS AN INDEPENDANT CONTRACTOR before completing. Please take time to complete the application in full, successful applicants will be invited to attend an interview.

General Information

Date of Application [Click here to enter a date.](#)

First Name: Surname:

Address:

City: County: Choose County/postcode.

Date of Birth: (dd/mm/yyyy)

Home Phone: Primary Email:

Work Phone: Secondary Email:

Mob Phone :

Position Applied For:

- * Pet Sitter * Dog Walker Both

* Pet Sitter: By applying for the role of Pet Sitter you are indicating that you are available for work seven days a week, including public and bank holidays.

* Dog Walker: By applying for this role you are indicating that you are available for work between the hours of 9am & 5pm Monday to Friday.

Availability

I am available for work during these time windows (check all that apply):

- Early Morning Visit 6am – 9am
- Morning Visit 9am – 11am
- Mid-day Visit 11am – 4pm
- Evening Visit 4pm – 7pm
- Night Visit 7pm – 9pm
- Late Night Visit 9pm – 11pm
- Overnight Visit 11pm – 6am
- All the above**

Please list any times that you are not available for work and why (School run, other work, etc...)



Are you eligible to work in Ireland? Yes No
 Are you at least 18 years of age? Yes No
 Have you ever been convicted of a crime? Yes* No

If 'Yes*' Please explain

Do you have a reliable vehicle? Yes No
 Do you have a valid driver's licence? Yes No
 Is your vehicle taxed & insured Yes No

List the Areas /
locations you are
prepared to travel to.

Are you comfortable walking more than one dog at a time? Yes/No
 Are you comfortable handling large/strong dogs? Yes/No

Please select all types of medications you are comfortable administering:

Pills Injections IV Fluids Oral Creams

List any pet you would prefer not to care for
(and why):

1. Describe what you would do if you entered a
client's home where the Pet had messed on the
floor?

2. Describe what you would do if you entered a
customer's home to find their pet had run out of
food?



3. Describe what you would do if you were walking a client's dog and another pet owner was walking towards you with their dog?

4. Describe what you would do if the pets you were looking after escaped from the home or garden and ran off down the street?

5. Describe what you would do when returning to the client's property to find a sick pet?

6. Describe what you would do if you arrived at the client's property to find the burglar alarm going off?

7. Describe what you would do if whilst out walking a dog it injured its paw?

8. Describe what you would do if you could not locate the client's cat during the visit?

9. Describe what you would do if whilst out walking a dog it messed on the footpath?

10. Describe what you would do if you couldn't gain access to the client's property or you could not lock the client's door after completing the task?



List 3 References

Not friends or family members, persons that have known you for more than one year

One:

Profession:
Name:
Phone:

How does this person know you? Employer/professional
Email:

Two:

Profession:
Name:
Phone:

How does this person know you? Employer/Professional.
Email:

Three:

Profession:
Name:
Phone:

How does this person know you? Employer/Professional
Email:

Other Information you wish to provide in support of your application:



Describe your personal and professional experience with pets. What pets do you currently have, and what pets have you had in the past?

Please use this space to tell us a little more about yourself, how pet care would fit into your life, and why you would be a better pet care provider than someone else.

Please describe any customer service experience you have.



Do you feel comfortable meeting with clients, representing Pet Sitters Ireland in a professional manner, discussing clients' specific pet care needs, and putting nervous pet owners at ease?

What skills do you possess that would make you good at this role?

What experience do you have with computers, email, Internet, etc?

Please detail any other information that you may feel is relevant to your application.



In connection with your application we may ask you to take a Garda Clearance Check at which stage you will be provided with a form to complete and submit to the Garda Vetting Unit along with a fee of €6.50 that will be reimbursed (Terms & Conditions apply)

I AGREE TO TAKE A GARDA CLEARANCE CHECK Yes No

As an Independent Contractor with PSI (Pet Sitters Ireland) Ltd T/A Pet Sitters Ireland, I hereby voluntarily agree to submit to any lawful drug and alcohol test requested by Pet Sitters Ireland which Pet Sitters Ireland deems, in its sole discretion, to be reasonably necessary to provide its clients with the confidence that they are hiring a pet sitter from a drug-free workplace and to provide its pet sitters with a safe working environment.

I acknowledge that in the course of my employment, and as a prerequisite of employment with Pet Sitters Ireland, I may be asked to submit to drug and alcohol testing requiring me to provide a blood, urine, and/or breathe sample as part of a substance abuse screening test. I hereby consent to such tests in an effort to keep the workplace drug free.

I authorise that the results of any drug or alcohol test be communicated and disclosed to Pet Sitters Ireland. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with Pet Sitters Ireland or may be disciplined up to and including discharge if currently employed by Pet Sitters Ireland.

I hereby indemnify, release, and forever discharge and hold Pet Sitters Ireland and its subsidiaries and affiliated companies, agents, or employees harmless from any and all claims, demands, judgments, and legal fees arising out of or in connection with such tests, the results, or any lawful use of the results.

I AGREE TO TAKE PART IN RANDOM DRUG & ALCOHOL TESTING Yes No

By typing or signing my name here, I am certifying that am willing to take part in random drug & alcohol testing

Independent Contract Name
(BLOCK CAPITALS):

Independent Contractor Signature:

[Click here to enter a date.](#)

Once complete save the document and return to Pet Sitters Ireland via email
admin@petsittersireland.ie