

Featherbed Homecare House and Pet Sitting

Sitter Application Form

Please answer all questions as fully as possible

If this is a joint application each person must complete their own form

Are you applying for: House sitting only House and pet sitting

Surname.....Forenames.....

Maiden (If applicable).....Date of Birth.....

Address.....

.....Post Code.....

Telephone No.....Mobile.....

Email Address.....

How long have you lived at this address?

Are you:

Home owner with mortgage Home owner with no mortgage

Renting property

Landlord's Name.....Address.....

.....Post Code.....

Tel No.....

Marital status.....

Number of dependants at home.....Ages.....

Next of Kin.....Address (if not same as above).....

.....Post Code.....

Telephone No.....Mobile.....

Nationality.....Religion.....

Do you drive?Do you have your own transport?

Please give detailed information on the following

Are you retired?

What was your previous employment?

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Are you currently in employment?

Please specify (We will not contact your employer)

Job Title.....

Name of Employer.....Address.....

.....Post Code.....

Tel No.....Mobile.....

Are you on any medication?

Do you have any illnesses or allergies?

Are you fit and active?

Have good eye sight?

Have good hearing?

Do you have any Physical disabilities?

Do you smoke?

Do you have a preference?

House with stairs.....Bungalow.....Either.....

Do you own any pets?

Would you want to take your pet on assignments?

Animals you do not like or would not like to look after:

Your interests and hobbies:

Previous Sitter experience

Dates.....Location.....Details.....

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Do you have a current CRB?

Do you have Liability Insurance?

Do you have any convictions, motoring or criminal, spent or unspent? Yes.....No.....

If yes please specify.....

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DECLARATION

I declare that the information given is true and correct. I have read the terms and conditions for house and pet sitters and agree to abide by them.

Signed.....Date.....

Name (Please print).....

Please give details of three referees. One of which should be relevant to this application and two from people of professional or social standing who have known you for at least five years (not related to you by birth or marriage)

Name.....Address.....
.....Postcode.....
Tel No.....Their occupation.....

Name.....Address.....
.....Postcode.....
Tel No.....Their occupation.....

Name.....Address.....
.....Postcode.....
Tel No.....Their occupation.....

Please enclose the following documents with your application.

- | | |
|--------------------------------------|----------------------------|
| C.R.B. Disclosure | Two Written References |
| C.V. showing employment history | Two recent passport photos |
| Proof of address (utility bill, etc) | |

Office use:

Confirmation that photo is a true likeness of applicant

Identification received

Signed by Featherbed Homecare.....Date.....