

**MORGAN'S PAWS PET CARE CENTER**  
**305 HILL STREET • YORK, PA 17403**  
**717-755-9544 PHONE • 717-755-9550 FAX**  
**info@morganspaws.com**

**STATEMENT OF EMPLOYMENT**

We would like to thank you for showing an interest in working here. However, we have found in the past that many people do not have a very realistic view of what working in a place like this involves. Please read this letter carefully.

First, you need to understand that the primary purpose of this facility is to take care of other people's pets when they have to go out of town / work. This means that during the summer and around all holidays we are at our busiest. **WE CANNOT ALLOW MUCH TIME OFF DURING THESE PERIODS!** Think about this very important fact now. If you have to spend Christmas day with your family, this is not the job for you. In addition, since this business is seasonal in nature, you can expect your hours or days to vary according to our needs. The pets must be cared for 7 days a week, so weekend work and evening work is a **MUST**. We realize that working under these conditions can be difficult for some people, but that is the nature of the business and your **DEPENDABILITY** in this area is critical. If you don't think you can be that flexible, you should really seek employment elsewhere.

If you do not have a genuine love of animals, you do not need to be here. But keep in mind that we are seeking people who are mature enough to understand and accept the responsibilities we will place on them. You are **NOT** going to be paid to sit around and play with cute little puppies & kitties all day. Someone has to clean up after them, feed them, administer medications, and see to their comfort and security. This requires a lot of hard work and dedication.

While working here you will be exposed to: filth, loud noises, harsh chemicals, a variety of parasites and zoonosis (medical ailments that people can acquire from animals) and the ever present risk of being bitten, scratched or mauled. These are the potential hazards you face and accept by working here.

You should also know that with very few exceptions there are **NO** specialists here. You will be expected to perform any task we require of you. We will try to make the best use of your skills and experience, but don't expect to be exempt from the more mundane and unpleasant chores that need to be performed. Floors need to be mopped, cages cleaned, trash cans emptied, and feces cleaned up. If you get ill at the idea of cleaning up diarrhea or vomit, then you are in the wrong place. If you can't pick up a 50 pound bag of food by yourself, this isn't the right place for you. If you are allergic to animal hair or sensitive to chemicals, now is the time to leave.

We are looking for mature, responsible people. You must be reliable, patient, intelligent, and capable of independent action. If you have to be constantly supervised, or you cannot find things to do on your own, then you are not the person we are looking for.

We take our profession very seriously. If you wish to work here, then you must too. If you can make this commitment, then proceed to fill out your job application.

Thank you,

Karla Johnson, Owner  
Morgan's Paws Doggie Daycare, LLC

Please sign here to acknowledge you have read and understand the above letter.

---

Signature

---

Printed name

---

Date signed

**MORGAN'S PAWS PET CARE CENTER**  
**305 HILL STREET • YORK, PA 17403**  
**717-755-9544 PHONE • 717-755-9550 FAX**  
**info@morganspaws.com**

**EMPLOYMENT APPLICATION**

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE: YES / NO (You must be 18 to work here)

ARE YOU A CITIZEN OF THE UNITED STATES? YES / NO

TYPE OF EMPLOYMENT DESIRED? FULL-TIME / PART-TIME HOW MANY HOURS PER WEEK? \_\_\_\_\_

POSTION APPLYING FOR: GROOMER • PET CARE TECH / HANDLER • FRONT DESK

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIME? YES / NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_

DID YOU GRADUATE: YES / NO

COLLEGE OR TRADE SCHOOL: \_\_\_\_\_

MAJOR: \_\_\_\_\_

DID YOU GRADUATE: YES / NO

**REFERENCES:**

Please list 3 names, addresses and phone #'s of people whom you are not related and by whom you have not been employed.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

1. HAVE YOU EVER OWNED A DOG? YES / NO IF SO, WHAT BREED: \_\_\_\_\_

2. DO YOU HAVE A LOUD/STRONG VOICE? YES / NO 3. ARE YOU AFRAID OF DOGS AT ALL? YES / NO

4. HAVE YOU EVER WORKED IN A FACILITY THAT TOOK CARE OF ANIMALS? YES / NO

5. ARE YOU ABLE TO WORK WEEKENDS, NIGHTS, AND HOLIDAYS? YES / NO (We are open 365 days a year)

**MORGAN'S PAWS PET CARE CENTER**  
**305 HILL STREET • YORK, PA 17403**  
**717-755-9544 PHONE • 717-755-9550 FAX**  
**info@morganspaws.com**

6. WHY ARE YOU INTERESTED IN THIS POSITION?

7. WHAT HOURS ARE YOU AVAILABLE TO WORK?

Our hours are Monday-Friday 6:00AM to 9:00PM and Saturday-Sunday & Holidays 6:00AM to 9:00PM.

8. SUMMARIZE YOUR SPECIAL SKILLS AND/OR QUALIFICATIONS FOR THIS TYPE OF JOB.

9. ARE YOU RELIABLE AND HAVE TRANSPORTATION?  
YES OR NO

**PREVIOUS EMPLOYMENT** (begin with most recent)

1. DATES: FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_  
POSITION HELD: \_\_\_\_\_  
NAME OF PLACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES OR NO

2. DATES: FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_  
POSITION HELD: \_\_\_\_\_  
NAME OF PLACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES OR NO

3. DATES: FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_  
POSITION HELD: \_\_\_\_\_  
NAME OF PLACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES OR NO

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, EDUCATIONAL, FINANCIAL, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY WHEN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IN THE EVENT I AM EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_