

Employment Application
Mountain View Landscapes & Lawncare Inc.
M.T.J. Landscaping, Inc.

Thank you for your interest in employment with our company! Applications for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status marital status, results of genetic testing, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. We are a Drug-Free Workplace with pre-employment drug testing required for most positions.

This application will be kept on file for 2 years but applicants are responsible for applying for each vacancy for which there is an interest in being considered.

Date of Application _____ Position(s) Desired _____ Full Time Part-time Seasonal
Pay Rate Desired _____ Per Hour Per Year

PERSONAL INFORMATION

(please print)

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Home Phone () _____ Cell Phone () _____ Preferred: Home Cell

Email Address: _____

Have you ever been known by any other name? (For checking references) Yes No

If yes, what was the full name? _____ Dates known by this name? _____

Are you authorized to work lawfully in the United States? Yes No

Are you over age 18? Yes No *If no, can you provide a work permit?* Yes No

Have you ever applied here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

How did you hear about us?: Relative: _____ Friend: _____

Advertisement Walk-In Employment Agency Other _____

When are you available to start work? _____

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

REFERENCES

Please provide three **business** references, not related to you. Previous managers/supervisors preferred.

	Reference Name	Relationship to You	Business Name	Email Address	Phone Number
1.					
2.					
3.					
4.					

EDUCATION

	High School	College/ University	Graduate/ Professional	Technical/ Other
Name of School				
Highest Year Completed [please circle one]	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree Received? [Y/N]				
Course of Study				
Describe any Specialized Training, Apprenticeship, Skills, Extra-Curricular Activities				

SPECIAL SKILLS AND QUALIFICATIONS

List any special skills, qualifications, courses or training you have that relate to the position for which you are applying. Include any experience or training in automotive maintenance, and any other mechanical experience or training:

EMPLOYMENT HISTORY

Include present and past employment over the last 10 years, starting with your most recent position.

Start with your present or last job.

You may elect to include military service assignments. Provide any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, marital status, genetic information, national origin, age, and disability, military or veteran status, or being a member of the Reserves or National Guard.

1.	<hr/>	<hr/>
	Name & Address of Company	Type of Business
	From: _____ To: _____	Describe the work you did: _____
	<hr/>	
	Reason for leaving: _____	
	Name of Supervisor: _____ Phone No. _____	
2.	<hr/>	<hr/>
	Name & Address of Company	Type of Business
	From: _____ To: _____	Describe the work you did: _____
	<hr/>	
	Reason for leaving: _____	
	Name of Supervisor: _____ Phone No. _____	
3.	<hr/>	<hr/>
	Name & Address of Company	Type of Business
	From: _____ To: _____	Describe the work you did: _____
	<hr/>	
	Reason for leaving: _____	
	Name of Supervisor: _____ Phone No. _____	
4.	<hr/>	<hr/>
	Name & Address of Company	Type of Business
	From: _____ To: _____	Describe the work you did: _____
	<hr/>	
	Reason for leaving: _____	
	Name of Supervisor: _____ Phone No. _____	

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? Yes No

If no, indicate which one(s) you do not wish us to contact and state the reason why:

ESSENTIAL FUNCTIONS

The job for which you are applying may include the following essential functions:

- Driving a tank or flatbed truck with a standard transmission alone.
- Driving a truck that includes an attached trailer.
- Maintaining a vehicle, including changing tires, oil, and washing.
- Operating and maneuvering a 300 lb. lawn aerator.
- Manipulating and recoiling a 200 ft, 1/2 inch thick hose.
- Lifting and moving approximately 60 lb. bags.
- Walking outdoors.
- Bending to inspect lawn, or to perform pruning, or other landscaping functions.
- Using a calculator to measure and price lawns.
- Obtaining a pesticide license from the State of Massachusetts.
- Pushing, pulling, and operating powered or manual landscaping equipment.
- Raking grass, dirt, or mulch.
- Installation of trees and plant materials.

Do you have any allergies that limit you from working with plants, plant material, pesticides, herbicides or fertilizers? Yes No

Can you perform the above essential functions, with or without reasonable accommodation? Yes No

Have you ever been disciplined or counseled by any previous employer regarding failure to comply with safety rules? Yes No

If yes, please explain: _____

Can you perform computer input of data entry tasks? Yes No

If required for the position for which you are applying, will you consent to a post offer physical examination, periodic physical examinations and blood or urine analysis? (Note: This analysis may test for controlled substances) Yes No

The results of any physical examination will be considered for employment purposes only as it relates to the ability to perform the essential functions of the position for which you would be employed. Further, post employment exams are related to fitness for duty determination. All results of physical exams are kept confidential.

When is the last time you missed a week of work or school for a reason **other** than illness or injury? _____

What was the reason (*Do not include illness or injury*)? _____

Do you understand that, if employed, your attendance record must meet the requirements set by the company?
 Yes No

Have you ever signed any type of agreement that may in any way restrict your performance of services for MountainView Landscapes & Lawncare, Inc.? Yes No

If yes, please explain: _____

APPLICATION AGREEMENT

(Please Read Carefully)

I understand that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by Mountain View Landscapes & Lawncare, Inc. or M.T.J Landscaping, Inc. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of Mountain View Landscapes & Lawncare, Inc. or M.T.J Landscaping, Inc.**

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

In the event of my employment, any Company materials entrusted to me during the course of my employment will be returned to the Company on the last day of my employment, whether I resign or be terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation any matters affecting or relating to the business of the Employer, including, without limiting the generality of the foregoing, any of its customers, the prices it attains or has attained from the sale of, or which it sells or has sold, its services or products, its manner of operation, its plans, and any other "proprietary information". I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

Signature of Applicant

Date

If **re-applying** after 30 days and before 180 days from the date of this Application, please read and sign the following if there have been no changes since your initial application:

I certify that all information contained within this application remains unchanged, true, complete and correct. Further, I have re-read and understand the above Application Agreement today and certify my compliance with all points contained within the Application Agreement above.

Signature of Applicant

Date

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview Yes No

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Company _____ Department _____

By _____

Name and Title

Date

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Invitation to Self-Identify

Mountain View Landscapes & Lawncare, Inc. is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

Submission of this information is **voluntary** and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

Name: _____ Date: _____

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to self-identify
RACE/ETHNICITY: <input type="checkbox"/> Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. <input type="checkbox"/> Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories. <input type="checkbox"/> I choose not to self-identify

Mountain View is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “**disabled veteran**” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

<input type="checkbox"/> I identify as one or more of the classifications of protected veteran listed above <input type="checkbox"/> I am not a protected veteran <input type="checkbox"/> I choose not to self-identify
