

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 or civil union status, results of genetic testing, ancestry, national origin, age, mental, intellectual or physical 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:

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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Voluntary Applicant Self-Identification Form

Name: _____ Date: _____ Position Applied For: _____

Mountain View Landscapes and Lawncare, Inc. is an Equal Employment Opportunity/Affirmative Action Employer and makes employment decisions without regard to race, color, religion, sex, national origin, veteran status, or disability. As a Federal Government Contractor, Mountain View Landscapes and Lawncare, Inc., is subject to and complies with applicable federal and state regulations. As such we collect this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to Federal and state regulations. If you believe you belong to any of the categories listed below, we invite you to check the appropriate boxes.

Submission of this information is voluntary and 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 Section 709(c), Title VII, Civil Rights Act Of 1967 (As Amended by the Equal Employment Opportunity Act of 1972) or 41 CFR Part 60 Office of Federal Contract Compliance Programs (OFCCP) or any other government regulations..

GENDER:

- Male
- Female

RACE/ETHNICITY:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino):** 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.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- I do not wish to self-identify**

Personal and Confidential

This sheet contains sensitive information and will be stored in a secure Affirmative Action file, separate from your application for employment.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.