



O'Mara Landscaping & Lawn Care



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Current Address: _____
Street Address APT/Unit#

_____ Phone: _____
City State ZIP

Email: _____ Referred By: _____

Available Start Date: _____ Position Applied for: _____

Employment Desired: FULL TIME PART TIME

Days/Hours Available for Work: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Are you a citizen of the US? YES___ NO___ If no, are you authorized to work in the US? YES___ NO___

Have you ever been convicted of a felony? YES___ NO___ If yes, explain number of convictions, nature of offenses, dates associated with crime/convictions sentences imposed, type of rehabilitation:

Driving Ability

Do you have a valid driver's license? YES___ NO___ Class C? YES___ NO___ State of Issue: _____

Driver's license #: _____ Issue Date: _____ Expiration Date: _____

Have you been involved in any accidents in the past (3) years? YES___ NO___

If yes, how many _____ and what happened _____

Have you had any moving violations during the past (3) years? YES___ NO___

If yes, how many _____ and what violations _____

What is your means of transportation to and from work? _____

Are you proficient at operating/driving a box truck YES___ NO___ or dump truck YES___ NO___

Education

High School Attended: _____
Name *City* *State*

Did you Graduate? YES ___ NO ___ YEAR ___ If no, have you obtained a GED? YES ___ NO ___ YEAR ___

Did you attend a post-secondary school? YES ___ NO ___ Did you graduate? YES ___ NO ___ YEAR ___

Post-Secondary School: _____
Name *City* *State*

Degree: _____

Previous Employment

Company: _____
Name *City* *State*

Job Title: _____ Supervisor: _____

Responsibilities: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Dates of employment: From _____ To: _____ Reason for leaving: _____

May we contact your supervisor as a reference? YES ___ NO ___ Phone Number: _____

Company: _____
Name *City* *State*

Job Title: _____ Supervisor: _____

Responsibilities: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Dates of employment: From _____ To: _____ Reason for leaving: _____

May we contact your supervisor as a reference? YES ___ NO ___ Phone Number: _____

Company: _____
Name City State

Job Title: _____ Supervisor: _____

Responsibilities: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Dates of employment: From _____ To: _____ Reason for leaving: _____

May we contact your supervisor as a reference? YES ___ NO ___ Phone Number: _____

Skills

Please indicate your level of experience with the following lawn care and landscaping features or tasks.

Feature/Task	No Experience	Beginner Knowledge	Intermediate Knowledge	Advance/Expert Knowledge	Years of Experience
Patios					
Retaining Walls					
Steps & Pathways					
Fencing Installation					
Lighting Installation					
Water Features					
Drainage					
Lawn/Sod Installation					
Grass Cutting/Mowing					
Lawn Maintenance					
Irrigation					
Pruning					
Planting					
Blowing					
Trimming					
Edging					
Mulching					
Trenching					
Grading					
Weed Identification					
Applying Fertilizer, Pesticides, & Fungicides					
Aeration					
Applying top dressing					
Over Seeding					
Annuals					
Reading Blueprints					

Please indicate your level of experience with the following lawn care and landscaping equipment.

Equipment	No Experience	Beginner Knowledge	Intermediate Knowledge	Advance/Expert Knowledge	Years of Experience
Dingo					
Zero Turn Mowers					
Weed Eaters					
Trenching Machine					
Ditch Witch					
Box Truck					
Dump Truck					

Please indicate your level of ability related to the following tasks.

Task	None	Fair	Good	Fluent
Read English				
Speak English				
Write English				
Read Spanish				
Speak Spanish				
Write Spanish				

Disclaimer and Signature

I certify that the information in this application is true and complete to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization, or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the Company, and I am in understanding that these rules may be changed, withdrawn, or added at any time at the company's sole discretion.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, by either myself or the company for any reason.

Applicant Signature: _____ Date: _____

Nothing on this application is intended to create or imply a contractual relationship of employment. If hired, the employee and the company understand that employment is at will meaning that the employment relationship is for no specific time period or duration and can be terminated with or without reason by either party at any time.



NORTH CAROLINA DIVISION OF
MOTOR VEHICLES



Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

Your signature (MUST BE SIGNED)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Person to receive information:

Mailing address:

Fees: Certified Complete History - \$15.00 Uncertified Complete History -\$10.75 Uncertified Limited History - \$10.75

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV".
Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27697-3113.
Please allow 10business days processing time, this does not include US Postal service delivery time to or from the DMV.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, O'Mara Landscaping & Lawn Care Inc (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, Castle Branch Corporation (the "Background Check Company"), will prepare the background report for the Company. The Background Check Company is located at 1844 Sir Tyler Drive, Wilmington, NC 28405, and can be reached by phone at 888-723-4263 or at their Internet Web site address www.castlebranch.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Background Check Company or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 919-942-5051. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 for California residents..

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that the Background Check Company has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Background Check Company can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Background Check Company. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Background Check Company for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Background Check Company. You may inspect and order a free copy of the report by contacting the Background Check Company.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Background Check Company, and you will be provided with the name and address of the Background Check Company. You may inspect and order a free copy of the reports by contacting the Background Check Company. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Background Check Company for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

Signature

_____/_____/_____
Date: (Month/Day/Year)