

EXHIBIT A

H-2B Application for Temporary Employment Certification

Bayou Lawn Services, 2014

OMB Approval: 1205-0509
Expiration Date: 03/31/2016

H-2B Application for Temporary Employment Certification
ETA Form 9142B
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9142B. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

H-2B

B. Temporary Need Information

1. Job Title * Landscapers

2. SOC (ONET/OES) code *
37-3011

3. SOC (ONET/OES) occupation title *
Landscaping and Groundskeeping Workers

4. Is this a full-time position? *

☒ Yes ☐ No

Period of Intended Employment

5. Begin Date * 03/03/2014
(mm/dd/yyyy)

6. End Date * 12/15/2014
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application

(Indicate the total workers in each applicable category based on the total workers identified above)

a. New employment *

d. New concurrent employment *

b. Continuation of previously approved employment *
without change with the same employer

e. Change in employer *

c. Change in previously approved employment *

f. Amended petition *

8. Nature of Temporary Need: (Choose only one of the standards) *

☒ Seasonal ☐ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need *

Bayou Lawn Services job openings are seasonal and require temporary workers to meet our increased demand in the Spring, Summer and Fall months of the year. Landscaping work has a definite and annually consistent planting season in the spring and summer months, with bulb planting done in the fall as well as leaf, mulch, etc. clean-up in the fall through December. Landscape maintenance is ongoing throughout these warmer months. This is normal to the growth and dormant stages of vegetation and foliage; with winter being the dormant season when the ground is rejuvenating and revitalizing its nutrients and minerals to then be ready for Spring and its oncoming natural growing season. This is the way nature works with definite times of growth and definite times of dormancy. March is when our landscaping season preparatory work begins so that we are prepared to meet the demands of increased work orders that begin, depending on weather. Our downtime is January and February.

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C. Employer Information

Important Note: Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
Bayou Lawn Services		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
[REDACTED]		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
Valparaiso	FL	32580
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
[REDACTED]	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	561730	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	[REDACTED]	1999
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
Allen	Jim	N/A
4. Contact's job title *		
President		
5. Address 1 *		
[REDACTED]		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
Valparaiso	FL	32580
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
[REDACTED]	N/A	[REDACTED]

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E. Attorney or Agent Information (If applicable)

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Attorney or Agent's last (family) name § Ward	3. First (given) name § Nicole	4. Middle name(s) § N/A		
5. Address 1 § 1 [REDACTED]				
6. Address 2 N/A				
7. City § Coeur d'Alene		8. State § ID	9. Postal code § 83814	
10. Country § UNITED STATES OF AMERICA		11. Province N/A		
12. Telephone number § 208-777-9954	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § Labor Consultants International		16. Law firm/Business FEIN § [REDACTED]		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good standing (only if attorney) § N/A		
19. Name of the highest court where attorney is in good standing (only if attorney) § N/A				

F. Job Offer Information

a. Job Description

1. Job Title * Landscapers	
2. Number of hours of work per week Basic *: 35 Overtime: 10	3. Hourly Work Schedule * A.M. (h:mm): 6 : 30 P.M. (h:mm): 3 : 30
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed MUST begin in this space. If necessary, add attachment to <u>continue and complete</u> description. * SEE ADDENDUM	

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F. Job Offer Information (continued)

b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § N/A	4b. Indicate the occupation required § N/A
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *	
Must show proof of legal authority to work in U.S. Drug/alcohol/tobacco-free work zone.	

c. Place of Employment Information

1. Worksite address 1 *	
489 Valparaiso Parkway (Report to work site)	
2. Address 2 N/A	
3. City *	4. County *
Valparaiso	Okaloosa
5. State/District/Territory *	6. Postal code *
FL	32580
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
SEE ADDENDUM FOR ADDITIONAL WORKSITE FOR PLACE OF EMPLOYMENT	

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G. Rate of Pay

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 8 . 79 To (Optional): \$. N/A		From: \$ 13 . 19 To (Optional): \$. N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ "Wage Offer Equals or Exceeds Prevailing Wage Based on Non-OES Wage Source." ***** Variable weather conditions apply; hours may fluctuate (+/-), possible downtime and/or OT. Employer will comply with all applicable Federal, State, and local laws pertaining to OT hours. Wage may vary DOE.			

H. Recruitment Information

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
Florida Workforce		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
FL9842188	12/16/2013	12/26/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. Northwest FL Daily News	From: 12/22/2013	To: 12/22/2013
5. Northwest FL Daily News	From: 12/23/2013	To: 12/23/2013
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>Bayou Lawn Services has complied with all State and Federal Dept. of Labor regulations in regard to the H-2B positive recruitment process. A job order opened with Florida Workforce on 12/16/2013 and closed on 12/26/2013. Advertisements ran in the Northwest FL Daily News on 12/22/2013 and in the Northwest FL Daily News on 12/23/2013. All sources of recruitment yielded 5 referrals. [REDACTED] At this time O has/have agreed to accept the offered position.</p>		

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I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer must attest that it will abide by certain terms, assurances and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix A. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix B. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § N/A
4. Job Title § N/A		
5. Firm/Business name § N/A		
6. E-Mail address § N/A		

K. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/03/2014 to 12/15/2014.

William J. Carlson

Department of Labor, Office of Foreign Labor Certification

01/24/2014

Determination Date (date signed)

H-400-14010-217535

Case number

Full Certification

Case Status

L. Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours to complete the form and 25 minutes per response for all other H-2B information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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ADDENDUM

ADDENDUM SECTION F.a.5: Additional Notes Regarding Job Duties

TEMPORARY POSITION

All applicants must be able willing, qualified to perform work described in this JO/Ad & must be available for entire period specified. Dependable: reliable, responsible, fulfill obligations. OJT training. new hires needed skills: plant, use, maintain, repair employer provided tools & equipment. Possible weekend work. Possible daily hrs: 6:30A-3:30P. Possible weekly hrs: 35-45 Shift end time possible: 4P. Two 15-minute breaks and a 30-minute lunch break. Capable of doing strenuous labor for long hours, occasionally in extreme heat or cold. Duties: Mow, edge, lawn care, mulch, aerate, weed, grub, remove thatch, trim, edge around flower beds, walks or walls, water. Gather, remove litter, remove dead, damaged, unwanted debris and other related landscaping activities as per SOC/OES 37-3011 (onetonline.org). Upkeep sidewalks, drives, parking lots, fountains, planters or other features. Atten. to Detail: complete tasks. Extensive stooping, bending, crouching, and must be able to lift up to 60 lbs. Self Control:maintain emotions, control anger, and avoiding aggressive behavior. Drug/alcohol/smoke-free work zone.

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FOR DEPARTMENT OF LABOR USE ONLY

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Case Status: Full Certification

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ADDENDUM

ADDENDUM SECTION F.c.7: Additional Worksites

1. Florida Other Transport provided, designated locate to job site Crestview-Fort Walton Beach-Destin, FL MSA,
2. Florida Other Pensacola-Ferry Pass-Brent, FL MSA, Northwest Florida nonmetropolitan area

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Case Status: Full Certification

Validity Period: 03/03/2014 to 12/15/2014

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For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name Ward	2. First (given) name Nicole	3. Middle initial
4. Firm/Business name Labor Consultants International		
5. E-Mail address nicole@laborci.com		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, **I HEREBY CERTIFY** the following conditions of employment:

1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the Application for Temporary Employment Certification in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name Allen	2. First (given) name Jim	3. Middle initial
4. Title President		
5. Signature		6. Date signed

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