



Environmental Stewards Since 1957

APPLICATION for EMPLOYMENT

Scientific Plant Service, Inc.

P.O. Box 62
 Brooklandville, Md
 21022
 410-321-0970

6301 Blair Hill Lane
 Baltimore, Md
 21209
 fax 410-321-1021

Today's Date: _____

NAME _____ SSA #: _____
Last First Middle Initial

CURRENT ADDRESS _____
Street & Number City State Zip

TELEPHONE _____ EMAIL _____
Home Cell

ARE YOU A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

ARE YOU 18 YEARS OR OLDER? Yes No DRIVERS LICENSE # _____ State _____

POSITION APPLYING FOR _____

DATE YOU CAN START _____ DESIRED SALARY/PAY RANGE _____

CURRENTLY EMPLOYED? Yes No MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes No

HAVE YOU EVER WORKED FOR SPS BEFORE? Yes No WHEN? _____

HAVE YOU EVER APPLIED TO SPS BEFORE? Yes No WHEN? _____

WHO / HOW WERE YOU REFERRED TO SPS ? _____

EDUCATION	Name & location of school	# Years attended	Did you Graduate	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE / CORRESPONDENCE				
OTHER				



Last Name

Subjects of special interest: _____

Special Skills: _____

Social / Civic Activities: _____

US MILITARY SERVICE: _____ YEARS: _____ RANK: _____

ARE YOU CURRENTLY A MEMBER OF THE RESERVES OR NATIONAL GUARD? Yes No

ARE YOU CURRENTLY ENROLLED IN CLASSES AT ANY INSTITUTION? Yes No

EMPLOYMENT HISTORY (skip when resume is attached)

Date Month & Year	Name & Address Phone Number	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like the most and why? _____

List any trade license and/or certifications and special drivers license you posses.

Are you currently receiving unemployment benefits? Yes No

Are you available to work: 40 hrs/wk Yes No Daily overtime? Yes No

Weekends? Yes No Out of Town Overnight? Yes No

Are you related to any current employee of SPS? Yes No



Last Name

REFERENCES

Give the names of three persons whom you have known for at least three years.

Name	Address	Business Background	Years Acquainted
		Related? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Related? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Related? Yes <input type="checkbox"/> No <input type="checkbox"/>	

In case of emergency notify:

Name Address Telephone #

Scientific Plant Service, Inc., is a smoke free work place and many of it's service accounts are too.

Are you a : ___ Smoker ___ Non-smoker (Does not affect hiring status)

SCIENTIFIC PLANT SERVICE, INC., currently provides the following benefits:

- * Health / Hospitalization Insurance (Individual) @ N/C
- * 401K - Eligible after 12 months consecutive employment, up to 5% match, Fully vested on day "1"
- * Work uniforms and laundering
- * 1st year vacation time after 6 month probationary period.
- * 8 paid holidays per calendar year
- * \$1.00 per hour bonus for all Snow/Ice Storm hours worked.

If hired, please note other benefits you may be interested in at your expense:

- ___ Dental Insurance ___ Supplemental Income Insurance
- ___ Life Insurance ___ Cell Phone
- ___ Disability Insurance ___ Other



Last Name

It is unlawful in the state of Maryland 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 liabilities.

Signature of Applicant

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date

Signature of Applicant

FOR INTERNAL USE ONLY:

Interviewers Name

Signature

Date