



APPLICATION FOR EMPLOYMENT

Scientific Plant Service, Inc.

410-321-0970

6301 Blair Hill Lane
Baltimore, MD 21209

sps@spsonline.co

Today's Date:	
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	First:	Last	Middle:
Name			
	Street & Number:	City:	State & Zip Code:
Address			
	Home Phone Number:	Mobile Phone Number:	Email:
Contact			

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

ARE YOU 18 OLDER: Yes No DRIVERS LICENSE # State

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 SCIENTIFIC PLANT SERVICE BEFORE? Yes No

WHEN? HOW WERE YOU REFERRED TO SPS?

EDUCATION	Name & location of school	Did you graduate?	# Years attended	Subjects Studied
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COLLEGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRADE/ CORRESPONDENCE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Last Name

Subjects of special interest:

Special Skills:

Social / Civic Activities:

U. S. Military Service: Yes No 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 and Phone Number	Salary	Position	Reason for leaving
From: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text"/>				
From: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text"/>				
From: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text"/>				

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

List any trade license and/or certifications and special driver's license you possess.



Last Name:

Are you currently receiving unemployment benefits? Yes No

Are you available to work: 40 hrs/week Yes No

Available for daily overtime: Yes No

Available for Weekends: Yes No

Are you related to any current employee of Scientific Plant Service? Yes No

If yes, provide employee's name

REFERENCES

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

Name	Address & Phone #	Relationship	Years Acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last name

In case of emergency notify:

First Contact: Name

Address

Phone #

Relationship

Second Contact: Name

Address

Phone #

Relationship