



# LEL Home Services, LLC

## APPLICATION FOR EMPLOYMENT

LEL Home Services, LLC ("LEL") is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. LEL will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Please submitted your completed application to [hr@lel.com](mailto:hr@lel.com).

Date of Application: \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_  
LAST
FIRST
MIDDLE

Address: \_\_\_\_\_  
NUMBER
STREET
CITY
STATE
ZIP CODE
COUNTY

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If you have resided at your present address less than three years, list your prior address:

Address: \_\_\_\_\_  
NUMBER
STREET
CITY
STATE
ZIP CODE

Position(s) Desired: \_\_\_\_\_ What counties are you available to work in? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ On-Call \_\_\_\_\_ Overtime \_\_\_\_\_ Any Shift

On what date would you be available for work? \_\_\_\_\_

What is the name of the **Individual** you plan to work with? \_\_\_\_\_

What is your relation to the Individual? \_\_\_\_\_

Who is your LEL **Direct Support Coach**: \_\_\_\_\_

Are you on a layoff and subject to recall at another employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any relatives or friends that are employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list them by name and relationship. \_\_\_\_\_

Why did you apply for a position at LEL? \_\_\_\_\_

Why do you think you would make a valuable employee of LEL? \_\_\_\_\_

Have you filled an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date(s): \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date(s): \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status): Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction or plea will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state the nature of the conviction or plea, the date, and explain \_\_\_\_\_

Name of person to notify in case of emergency: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**EDUCATION**

Type of School	Name of School	City and State	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
				Yes	No	
High School						
College of University						
Business, Trade, Technical, or Correspondence School or College						

List any special job-related skills, software experience, and qualifications acquired from education, employment, volunteer work or military service. \_\_\_\_\_

List specific skills or office machines, tools, machinery or other equipment on which you are trained and which you can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying \_\_\_\_\_

**Personal References:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience. Do not omit any employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer:		Address:	
Telephone:	Job Title:		Immediate Supervisor:
<b>Employment Date: (Month/Day/Year)</b> <b>From:</b>		<b>Salary/Hourly Rate:</b> Starting:	
<b>To:</b>		Final:	
Kind of work performed:			
Employer:		Address:	
Telephone:	Job Title:		Immediate Supervisor:
<b>Employment Date: (Month/Day/Year)</b> <b>From:</b>		<b>Salary/Hourly Rate:</b> Starting:	
<b>To:</b>		Final:	
Kind of work performed:			
Employer:		Address:	
Telephone:	Job Title:		Immediate Supervisor:
<b>Employment Date: (Month/Day/Year)</b> <b>From:</b>		<b>Salary/Hourly Rate:</b> Starting:	
<b>To:</b>		Final:	
Kind of work performed:			

Employer:		Address:	
Telephone:	Job Title:		Immediate Supervisor:
<b>Employment Date: (Month/Day/Year)</b> <b>From:</b>		<b>Salary/Hourly Rate:</b> Starting:	
<b>To:</b>		Final:	
Kind of work performed:			
Employer:		Address:	
Telephone:	Job Title:		Immediate Supervisor:
<b>Employment Date: (Month/Day/Year)</b> <b>From:</b>		<b>Salary/Hourly Rate:</b> Starting:	
<b>To:</b>		Final:	
Kind of work performed:			
Employer:		Address:	
Telephone:	Job Title:		Immediate Supervisor:
<b>Employment Date: (Month/Day/Year)</b> <b>From:</b>		<b>Salary/Hourly Rate:</b> Starting:	
<b>To:</b>		Final:	
Kind of work performed:			

**If you need additional space please continue on a separate sheet of paper or include a resume with the missing items.**

May we contact the employers listed on the previous page? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s):

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Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please state the employer, and the reason for the discharge or resignation.

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Which of your previous jobs have you liked best? \_\_\_\_\_

Why? \_\_\_\_\_

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Which of your previous jobs have you liked least? \_\_\_\_\_

Why? \_\_\_\_\_

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**APPLICANT'S  
STATEMENT**

**Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.**

**Initials**

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer or employment, or discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check, a driver's record check, and/or relevant professional license registries. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If LEL decides to obtain a consumer credit report, I understand that LEL will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I hereby release all parties, including but not limited to LEL, personal references, and previous employers, from liability for any injury or damage that may result from furnishing information concerning me or any action LEL takes on the basis of such information.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by LEL. I further understand that statements which may be contained in policies, practices, handbooks, or other material do not create any guarantee of employment and that LEL has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of LEL, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

\_\_\_\_\_ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

\_\_\_\_\_ I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by LEL, nor am I in possession of nor will I at any time reveal to LEL, under any circumstances, any proprietary or confidential information that is the subject of any contract non-disclosure agreement or prior work relationship involving any other person or entity.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

LEL Home Services, LLC  
**Release Request for Employment Verification**

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Employee Name (PLEASE PRINT)

Today's Date

XXX - XX -

SSN

Daytime Phone Number

E-mail (or Other)

Please indicate information that may be released:

\_\_\_\_\_ Salary/ Pay Rate

\_\_\_\_\_ Dates of Employment

\_\_\_\_\_ Job Title

\_\_\_\_\_ Employment Status (Full-time or Part-time)

\_\_\_\_\_ Other (State Below)

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If not currently employed by [EMPLOYER], list (approximate) beginning and ending dates there:

From: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_ I authorize [EMPLOYER] to release the above employment information, without liability, to:

LEL Home Services, LLC  
5936 North Keystone Ave  
Indianapolis, IN 46220  
(317) 387-1443  
(317) 356-6661 FAX

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Signature of Employee

Date