

**LILLY MAE SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (LMSIDD)**  
**PO BOX 317826, CINCINNATI, OH 45231**  
**OFFICE:(513)227-6573**  
**FAX1:(815)352-1087**  
**FAX2:(513)825-2531**  
**Employment Application**



It is the policy of Lilly Mae Services for Individuals with Developmental Disabilities (LMSIDD) to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability of veteran status.

<b>APPLICANT INFORMATION</b>											
Last Name			First			M.I.		Date			
Street Address					No years:						
City				State		ZIP					
Phone			E-mail Address								
Mobile			Drivers License								
Date Available			Social Security No.			Last date available					
Position Applied for		Direct Care staff									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
<b>EDUCATION</b>											
High School			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address								
<b>OTHER TRAINING (GRADUATE, TECHNICAL, VOCATIONAL)</b>											
<b>AWARDS, HONORS, SPECIAL ACHIEVEMENTS</b>											
<b>REFERENCES</b>											
<i>Please list three professional references (at least 2 non family)</i>											

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**EMERGENCY CONTACT**

*Who should be contacted if you are involved in an emergency (1 to 3 contacts)?*

Full Name		Relationship	
Address		Daytime phone	
City/State		Evening phone	
Full Name		Relationship	
Address		Daytime phone	
City/State		Evening phone	
Full Name		Relationship	
Address		Daytime phone	
City/State		Evening phone	

### PREVIOUS EMPLOYMENT

Company					Phone					
Address					Supervisor					
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone					
Address					Supervisor					
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone					
Address					Supervisor					
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone					
Address					Supervisor					
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				

### ADDITIONAL DATA

Who referred you our company?			
Do you have any friends or relatives who work here? If yes list below	Yes _____	No _____	
Are you as least 18 years of age?	Yes _____	No _____	
How will you get to work?			
Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?	Yes _____	No _____	
If no what reasonable accommodation would you request			
Are you willing to work any shift, including nights and weekends? If no, please state limitations	Yes _____	No _____	

If applicable, are you available to work overtime?		Yes _____	No _____

**APPLICANT'S SKILLS**


**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_