

# EMPLOYMENT REFERENCE CHECK

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #:

## Information Requested for:

\_\_\_\_\_  
(Print Applicant's Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date)

I hereby authorize you to answer all applicable questions appearing on this form.

\_\_\_\_\_  
(Signature of Applicant)

The applicant's written consent for release of information is on file at the Department; no signature is required herein.

Please complete the following applicable data and return this form in the enclosed self-addressed envelope. This information will be considered highly **confidential**. This information will be provided to the Illinois Department of Juvenile Justice since services will be performed for IDJJ or a contractual service provider at a youth center. Attach additional pages if necessary.

How long have you have known this applicant? \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Characteristics:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why this candidate should **not** be employed by or at a youth center?

No  Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quality and quantity of work:  Excellent  Good  Average  Less than average  Poor

Describe the applicant's work attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all job titles held by the applicant, with most recent title first:

Title	From	To	# of Staff Supervised
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

On what basis did the applicant leave your employ?  Resigned  Laid Off  Discharged  Other

Would you re-employ the applicant?  Yes  No, reason: \_\_\_\_\_

Is your organization a prison, jail, lockup, community confinement facility or other correctional facility; a pretrial detention facility; a juvenile facility; a facility for persons who are mentally ill or disabled, or have intellectual disabilities, or are chronically ill or handicapped; a facility providing skilled nursing, intermediate or long-term care, custodial or residential care or other institution as defined in the Civil Rights of Institutionalized Persons Act (42 U.S.C. 1997)?

Yes  No

If yes, please answer the following questions.

Was the applicant a suspect of a substantiated allegation whereby he/she engaged in sexual abuse?

No  Yes, please explain:

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Was the applicant the suspect of a substantiated allegation of sexual harassment of an individual in custody (Prison/Jail, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)?

No  Yes, please explain:

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Did the applicant resign during a pending investigation of an allegation of sexual abuse of an individual in custody (Prison/Jail, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)?

No  Yes, please explain:

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Did the applicant resign during a pending investigation of an allegation of sexual harassment of an individual in custody (Prison/Jail, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)?

No  Yes, please explain:

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Completed By: \_\_\_\_\_  
(Please print name of person completing form)

Your prompt attention to this request will assist in preventing undue delays in the employment process.