

## EMPLOYMENT REFERENCE CHECK

**To Current or Previous Employer:**

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Information Requested for:**

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

\_\_\_\_\_  
 (Social Security Number)

\_\_\_\_\_  
 (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 (IDJJ) since services will be performed for IDJJ or a contractual service provider at a correctional facility. Attach additional pages if necessary.

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

Outstanding 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: \_\_\_\_\_

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.