

EMPLOYMENT REFERENCE CHECK

To:

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.

The individual listed above has applied for employment at a correctional facility for the Illinois Department of Corrections (IDOC) or a contractual company that provides a service to IDOC. Please complete the following applicable data and return this form to the address or email listed below. Please attach additional pages if necessary. This information will be considered highly **confidential**.

IDOC – Central Screening Office
1301 Concordia Court, P.O. Box 19277
Springfield, IL 62794-9277

Email: DOC.COTScreening@illinois.gov
Phone: 217.558-4127
Fax: 217.558-4008

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

How long have you known this applicant? _____ Employed from: ____ / ____ / ____ to ____ / ____ / ____

Outstanding characteristics: _____

Do you know of any reason why this applicant should **not** be employed by or at a correctional facility?

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)