Information Requested for: **EMPLOYMENT REFERENCE CHECK** (Print Applicant's Name) (Social Security Number) (Date) To: ☐ 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: # of Staff То Supervised From 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)