

EMPLOYMENT REFERENCE CHECK INSTRUCTIONS

- You must bring a **minimum of 3 employment reference checks OR 1 for every employer over the past 5 years.**
 - Example: You have worked for 4 different employers in the past 5 years. Then you would need to bring 4 employment reference checks. 1 for each employer over the past five years.
 - Example: You have worked for 1 (the same) employer for the past five years. You would need to bring 2 more Employment Reference Check forms. The 2 other forms would be for the 2 employers **before** your current employer.
- **Do not complete more than one reference check form for the same employer.** If you have held different positions at a place of employment, your employer will indicate that on the form. There is a space for them to do so.
- **ONLY complete the top portion of the form (see Example Form on next page)**
 - **The Top Left-Hand “To:” lines** – Put the employer name and employer address on these lines. **You should complete it like you would for a mailing envelope**
 - **The Top Right-Hand Box** –
 - CLEARLY PRINT your full name
 - CLEARLY PRINT your social security number
 - PRINT the date of your screening on the “Date” line
 - CHECK the box above the signature line
 - SIGN your name on the signature line
- **Bring your forms with you to screening. We will mail them to your employers for you.** You do not need to do anything else other than completing the top portions of the forms.
 - **DO NOT TAKE THEM/SEND THEM TO YOUR EMPLOYERS** – An applicant’s employment history/review is for our department’s eyes only. We will not reveal the results of your reference checks at any point.

CHECK THIS BOX

EMPLOYMENT REFERENCE CHECK

To:

EMPLOYER NAME
EMPLOYER ADDRESS LINE 1
EMPLOYER ADDRESS LINE 2

Information Requested for:

CLEARLY PRINT NAME

CLEARLY PRINT SSN

(Social Security Number)

SCREENING DATE

(Date)

I hereby authorize you to answer all applicable questions

relating to

SIGN YOUR NAME

(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.

**DO NOT COMPLETE THE LOWER
PORTION!**

DO NOT TAKE TO EMPLOYER!

**ONLY FILL OUT TOP PORTIONS AND
BRING FORM TO SCREENING!**

**WE WILL SEND THEM TO THE
EMPLOYERS FOR YOU!**