

FOR OFFICE USE ONLY

GREATER JOLIET AREA YMCA

REFERENCE and EMPLOYMENT VERIFICATION

Notice to STAFF: This form must be completed and approved prior to ANY PERSON starting to work.

1. PREVIOUS EMPLOYER: _____ Date of Inquire: _____

CONTACT PERSON _____ Time of Inquire: _____

YES
 NO WOULD YOU REHIRE?

YES
 NO WAS EMPLOYMENT DETAIL ON APPLICATION
VERIFIED WITH PREVIOUS EMPLOYER?

YES
 NO WAS APPLICANT
DEPENDABLE?

DO YOU FEEL THE APPLICANT CAN BEST WORK WITH?
 CHILDREN ADULTS SR. CITIZENS ALL PEOPLE

IS THERE ANYTHING THE PREVIOUS EMPLOYER FEELS WE SHOULD KNOW ABOUT THE APPLICANT?

NO YES (Explain) _____

Additional Information on Reverse Side

2. PREVIOUS EMPLOYER: _____ Date of Inquire: _____

CONTACT PERSON _____ Time of Inquire: _____

YES
 NO WOULD YOU REHIRE?

YES
 NO WAS EMPLOYMENT DETAIL ON APPLICATION
VERIFIED WITH PREVIOUS EMPLOYER?

YES
 NO WAS APPLICANT
DEPENDABLE?

DO YOU FEEL THE APPLICANT CAN BEST WORK WITH?
 CHILDREN ADULTS SR. CITIZENS ALL PEOPLE

IS THERE ANYTHING THE PREVIOUS EMPLOYER FEELS WE SHOULD KNOW ABOUT THE APPLICANT?

NO YES (Explain) _____

Additional Information on Reverse Side

1. REFERENCE CHECK: NAME: _____

ADDRESS _____ Phone _____

CITY, ST. ZIP _____ HOW LONG HAVE YOU KNOWN APPLICANT? _____

YES WOULD YOU RECOMMEND THAT THIS RELATIONSHIP TO APPLICANT
 NO APPLICANT WORK WITH CHILDREN? _____

Date of Inquire: _____ Time of Inquire: _____

IS THERE ANYTHING THE REFERENCE FEELS WE SHOULD KNOW ABOUT THE APPLICANT?

NO YES (Explain) _____

Additional Information on Reverse Side

2. REFERENCE CHECK: NAME: _____

ADDRESS _____ Phone _____

CITY, ST. ZIP _____ HOW LONG HAVE YOU KNOWN APPLICANT? _____

YES WOULD YOU RECOMMEND THAT THIS RELATIONSHIP TO APPLICANT
 NO APPLICANT WORK WITH CHILDREN? _____

Date of Inquire: _____ Time of Inquire: _____

IS THERE ANYTHING THE REFERENCE FEELS WE SHOULD KNOW ABOUT THE APPLICANT?

NO YES (Explain) _____

Additional Information on Reverse Side

REFERENCES & EMPLOYMENT CHECKED by: (PRINT) _____

I have compiled the information on this form and to the best of my knowledge I believe that this information is true and accurate.

(SIGNED)

(DATE)

(Completed Form Reviewed By)

POLICE DEPARTMENT SCREENING
DOCUMENT IS ON FILE