



Employment Reference Form

Employee name: _____

Company name: _____

Company address: _____

Dates of employment: _____ to _____

Position(s) held while employed: _____

If this individual is no longer employed, what is the reason for the individual leaving?

Resignation

Termination

Resignation in lieu of termination

Retirement

Other: _____

Is this individual eligible to be rehired? Yes No

If no, why?

How would you rate this individual compared to others in the same job?

Poor

Adequate

Good

Outstanding

Prefer not to answer

Form Completed By:

Contact's Name: _____

Contact's Position: _____

Contact's Phone Number: _____

Contact's Email: _____

Please return this form to Kendall County, Illinois, c/o Human Resources Department

Mailing Address: 807 W. John Street, Yorkville, Illinois 60560

Fax: (630) 381-9406 Email: HRDepartment@kendallcountyil.gov