IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE - DET

APPLICANT: ***This form is to be completed if application for Private Detective license is based upon registered experience with a licensed Private Detective Agency or experience as a full-time investigator for a licensed attorney. Complete the applicant section of this form, then forward this form to the employer who will verify your employment. Verification must be completed by each employer; therefore, you are authorized to photocopy this form if necessary.***

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ (Month Day Year)

3. SOCIAL SECURITY NUMBER __ __ __ – __ __ – __ __ __ __

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Profession Name _____ Profession Code ___ ___ ___

6. MAIDEN OR GIVEN SURNAME

7. DATES OF EMPLOYMENT

From __ __ / __ __ / __ __ __ __ (Month Day Year) To __ __ / __ __ / __ __ __ __ (Month Day Year)

8. EMPLOYEE REGISTRATION NUMBER

EMPLOYER: ***Complete the remainder of this form. Return the completed form to the applicant.***

PART I - EMPLOYMENT INFORMATION

A. NAME OF LICENSEE IN CHARGE OR ATTORNEY

B. AGENCY OR LAW FIRM NAME

C. LICENSE NUMBER OF LICENSEE IN CHARGE OR ATTORNEY

D. AGENCY OR LAW FIRM ADDRESS (STREET, CITY, STATE, ZIP CODE)

E. AGENCY LICENSE NUMBER

F. AGENCY OR LAW FIRM TELEPHONE NUMBER

Area Code (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB FUNCTION

[ ] Supervisor [ ] Manager
[ ] Armed Guard [ ] Administrator
[ ] Unarmed Guard [ ] Investigator

B. DATES OF EMPLOYMENT

From __ __ / __ __ / __ __ __ __ (Month Day Year) To __ __ / __ __ / __ __ __ __ (Month Day Year)

C. TYPE OF EMPLOYMENT

[ ]Full-time [ ]Part-time

D. TOTAL ANNUAL HOURS APPLICANT WORKED

E. Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? [ ]Yes [ ]No

If "No", please explain on the reverse side of this form.

F. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO SUPERVISORY, MANAGERIAL AND ADMINISTRATIVE EXPERIENCE

I do hereby declare that as licensee-in-charge and/or owner of the above listed agency or as attorney, partner, and/or owner of the above listed law firm that this information is true and correct to the best of my knowledge.

Print Name _____ Signature _____

Date _____ Title _____