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 - SAC

APPLICANT: ***This form is to be completed if you are filing an application for a Private Security Contractor license based upon experience as a manager with a licensed private security contractor agency or if you are filing an application for a Private Alarm Contractor based upon experience as a manager with a licensed alarm contractor agency. Complete the applicant section of this form. 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 __ __ / __ __ / __ __ __ __ To __ __ / __ __ / __ __ __ __
Month Day Year 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

B. AGENCY NAME

C. LICENSE NUMBER OF LICENSEE IN CHARGE

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

E. AGENCY LICENSE NUMBER

F. AGENCY TELEPHONE NUMBER
Area Code (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

PART II - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT JOB TITLE

B. DATES OF EMPLOYMENT
From __ __ / __ __ / __ __ __ __ To __ __ / __ __ / __ __ __ __
Month Day Year Month Day Year

C. TIME IN TITLE
_____ Years
_____ Months

D. TYPE OF EMPLOYMENT
[ ]Full-time
[ ]Part-time

E. ANNUAL HOURS APPLICANT WORKED

F.
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.

G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO MANAGERIAL EXPERIENCE.

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

_____ _____
Print Name Signature

_____ _____
Date Title