

<b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	<b>VERIFICATION OF EMPLOYMENT/EXPERIENCE</b>	SUPPORTING DOCUMENT  <b>VE-COB</b>
<b>APPLICANT:</b> <i>Complete the applicant section of this form. Forward the form to an individual who will attest to personal knowledge of your employment/experience. The completed form must be returned to you for inclusion with your Application for Licensure/Examination.</i>		
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.  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ Profession Name</span> <span>_____ Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME	7. CURRENT ILLINOIS LICENSE NUMBER (If Applicable)	
<b>REFERENT:</b> <i>Complete the remainder of this form. Return the completed form to the applicant.</i>		
<b>PART I - EMPLOYER/CO-WORKER/CLIENT INFORMATION</b>		
A. NAME	B. NAME AND ADDRESS OF SALON/SHOP WHERE APPLICANT WAS EMPLOYED	
C. EMPLOYER OR CO-WORKER LICENSE NUMBER (If Applicable)	(Continuation of B)	
D. YOUR RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Client	(Continuation of B)	
<b>PART II - APPLICANT EMPLOYMENT INFORMATION</b>		
A. PROFESSIONAL PRACTICE IN WHICH APPLICANT WAS ENGAGED <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barber <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician	B. TIME DURING WHICH YOU KNEW APPLICANT TO BE PRACTICING THE PROFESSION AT THE ABOVE LOCATION. From ____ / ____ / ____ To ____ / ____ / ____ Month      Day                  Year                  Month      Day                  Year	
C. Was employment <input type="checkbox"/> full-time or <input type="checkbox"/> part-time?		
D. RECORD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE REGARDING THE APPLICANT'S EMPLOYMENT/EXPERIENCE.		
I do hereby declare that the information I have recorded hereon is true and correct.		
_____ Signature	_____ Referent Street Address	
_____ Date	_____ City, State, Zip Code	