

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the 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

**APPLICANT:** *Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. You are authorized to photocopy this form as necessary.*

|  |   |   |
|--|---|---|
| <p>1. NAME      LAST                  FIRST                  MIDDLE</p>  | <p>2. DATE OF BIRTH</p> <p style="text-align: center;">__ / __ / __</p> <p style="text-align: center;">Month    Day        Year</p>   | <p>3. SOCIAL SECURITY NUMBER</p> <p style="text-align: center;">- - - - -</p> |
| <p>4. ADDRESS    STREET, CITY, STATE, ZIP CODE</p>   | <p>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</p> <p style="text-align: center;">_____ Profession Name                  _____ Profession Code</p> |   |
| <p>6. MAIDEN OR GIVEN SURNAME</p>  | <p>7. JOB TITLE OR POSITION APPLICANT HELD</p>  |   |
| <p>8. DATES OF EMPLOYMENT</p> <p>From __ / __ / __ To __ / __ / __</p> <p style="text-align: center;">Month    Day        Year        Month    Day        Year</p> | <p>9. SUPERVISOR NAME</p>   |   |

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

**PART I - EMPLOYMENT INFORMATION**

|   |  |  |
|---|--|--|
| <p>A. EMPLOYER NAME</p>   | <p>B. BUSINESS / INSTITUTION NAME</p>                |  |
| <p>C. EMPLOYER REGISTRATION/<br/>LICENSE NUMBER</p>                 | <p>D. STATE OF EMPLOYER<br/>REGISTRATION/LICENSE</p> | <p>E. BUSINESS ADDRESS    STREET    CITY    STATE    ZIP CODE</p>  |
| <p>F. BUSINESS REGISTRATION/<br/>LICENSE NUMBER (If Applicable)</p> | <p>G. STATE OF BUSINESS<br/>REGISTRATION/LICENSE</p> | <p>H. BUSINESS TELEPHONE NUMBER</p> <p style="text-align: center;">Area Code ( _____ ) _____ - _____</p> |

**PART II - APPLICANT EMPLOYMENT INFORMATION**

|  |  |  |
|--|--|--|
| <p>A. NUMBER OF HOURS WORKED<br/>PER WEEK</p>                          | <p>B. TYPE OF EMPLOYMENT</p> <p>[ ] Full-time    [ ] Part-time</p> | <p>C. DATES OF EMPLOYMENT</p> <p>From __ / __ / __ To __ / __ / __</p> <p style="text-align: center;">Month    Day        Year        Month    Day        Year</p> |
| <p>D. RECORD APPLICANT'S POSITION TITLE(S)</p>                         |  |  |
| <p>E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.</p> |  |  |

I do hereby declare that this information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date