

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (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-DSC

APPLICANT: This form is to be completed if the application for a Private Detective or Private Security Contractor license is based upon experience in a government law enforcement agency. For Private Detective--this experience shall include full-time experience as an investigator with a State's Attorney's office or a Public Defender's office. For Private Security Contractor--this experience shall include full-time experience as a supervisor with a State's Attorney's office or a Public Defender's office. Complete the applicant section of this form, then forward this form to the employer who will verify your employment. Verification of employment 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. LAW ENFORCEMENT AGENCY BADGE NUMBER (If applicable)	

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

PART I - EMPLOYMENT INFORMATION

A. SUPERVISOR NAME	B. AGENCY NAME
C. AGENCY TELEPHONE NUMBER Area Code (____) ____ - ____	D. AGENCY ADDRESS STREET, CITY, STATE, ZIP 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 ____ Month	D. TOTAL ANNUAL HOURS APPLICANT WORKED	E. IF EMPLOYED AS A DEPUTY SHERIFF, CHECK IF REGULAR OR SPECIAL. <input type="checkbox"/> Regular <input type="checkbox"/> Special
F. DID THE APPLICANT ESTABLISH, TO YOUR SATISFACTION, HONESTY, TRUTHFULNESS, INTEGRITY AND COMPETENCY? <i>If "No," please explain on the reverse side of this form.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		G. IF EMPLOYED AS A DETECTIVE OF THE UNITED STATES GOVERNMENT, WAS APPLICANT A SWORN LAW ENFORCEMENT OFFICER? <input type="checkbox"/> Yes <input type="checkbox"/> No

H. STATE JOB TITLES, DUTIES PERFORMED AND LENGTH OF TIME IN EACH JOB CLASSIFICATION WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO SUPERVISORY, INVESTIGATIVE, MANAGERIAL OR ADMINISTRATIVE EXPERIENCE. (USE REVERSE SIDE OF THIS FORM IF MORE SPACE IS NEEDED.)

I do hereby declare that as a manager or chief of the above listed agency that this information is true and correct to the best of my knowledge.

Print Name

Signature

Title

Date