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 - PSF

APPLICANT: ***This form is to be completed if application for a Private Security Contractor license is based upon full-time manager/administrator experience of a proprietary security force registered with the Illinois Department of Financial and Professional Regulation. 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)

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

PART I - EMPLOYMENT INFORMATION

A. EMPLOYER NAME

B. BUSINESS/FIRM NAME

C. BUSINESS TELEPHONE NUMBER

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

D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE

PART II - APPLICANT EMPLOYMENT INFORMATION

A. CURRENT JOB TITLE OR TITLE AT TIME OF EMPLOYMENT TERMINATION

B. DATES OF EMPLOYMENT

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

C. TIME IN TITLE

____ Years ____ Months

D. TYPE OF EMPLOYMENT

[ ]Full-time [ ]Part-time

E. ANNUAL HOURS APPLICANT WORKED

F. TOTAL NUMBER OF EMPLOYEES SUPERVISED

G. Record the total number of employees of the proprietary security force. _____

H. REGISTRATION NUMBER OF PROPRIETARY SECURITY FORCE

120-

I. 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.

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

I do hereby declare that as owner of the above listed business that this information is true and correct to the best of my knowledge.

_____
Signature

_____ _____
Date Title