

**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 - DET

**APPLICANT:** *This form is to be completed if application for Private Detective license is based upon registered experience with a licensed Private Detective Agency or experience as a full-time investigator for a licensed attorney. 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.  <div style="text-align: right;">           _____            Profession Name                  Profession Code         </div>	
6. MAIDEN OR GIVEN SURNAME  	8. EMPLOYEE REGISTRATION NUMBER  	
7. DATES OF EMPLOYMENT From ___/___/___      To ___/___/___ Month Day      Year                  Month Day      Year		

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

<b>PART I - EMPLOYMENT INFORMATION</b>	
A. NAME OF LICENSEE IN CHARGE OR ATTORNEY	B. AGENCY OR LAW FIRM NAME
C. LICENSE NUMBER OF LICENSEE IN CHARGE OR ATTORNEY	D. AGENCY OR LAW FIRM ADDRESS (STREET, CITY, STATE, ZIP CODE)
E. AGENCY LICENSE NUMBER	F. AGENCY OR LAW FIRM TELEPHONE NUMBER Area Code ( _____ ) _____ - _____

<b>PART II - APPLICANT EMPLOYMENT INFORMATION</b>			
A. APPLICANT'S JOB FUNCTION  <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Armed Guard <input type="checkbox"/> Administrator <input type="checkbox"/> Unarmed Guard <input type="checkbox"/> Investigator	B. DATES OF EMPLOYMENT From ___/___/___      To ___/___/___ Month Day      Year                  Month Day      Year	C. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	D. TOTAL ANNUAL HOURS APPLICANT WORKED
E. Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain on the reverse side of this form.</i>			
F. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO SUPERVISORY, MANAGERIAL AND ADMINISTRATIVE EXPERIENCE			

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

_____	_____
Print Name	Signature
_____	_____
Date	Title