

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 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 employed as a full-time investigator for a licensed attorney, for an in-house investigation unit for a corporation having 100 or more employees or for any of the armed forces of the United States. 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. In lieu of the experience requirement referenced, alternative experience may be accepted working full-time for a private detective agency licensed in another state or for a private detective agency in a state that does not license such agencies if the experience is substantially equivalent to that gained working for an Illinois licensed private detective agency.*

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 <div style="text-align: center; font-size: 1.2em;"> 129 - </div>	
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 IN A SEALED ENVELOPE.*

PART I - EMPLOYMENT INFORMATION

A. NAME OF LICENSEE IN CHARGE OR ATTORNEY _____	
B. LICENSE NUMBER OF LICENSEE IN CHARGE OR ATTORNEY _____	C. AGENCY, LAW FIRM, OR CORPORATION NAME _____
D. AGENCY LICENSE NUMBER _____	E. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
F. RECORD THE TOTAL NUMBER OF EMPLOYEES IF THE EMPLOYER IS AN IN-HOUSE INVESTIGATIVE UNIT OF A CORPORATION. _____	G. BUSINESS TELEPHONE NUMBER Area Code (_____) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION

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 D. ANNUAL HOURS APPLICANT WORKED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____

E. 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.

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, as attorney, partner, and/or owner of the above listed law firm, or as corporate officer that this information is true and correct to the best of my knowledge.

_____	_____
Print Name	Signature
_____	_____
Date	Title