

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 - CAN

APPLICANT: *This form is to be completed if you are filing an application for a Private Detective license or for a Private Security Contractor license based on experience in canine odor detection services since January 1, 2005. This form is also used to document two years of full-time employment with reference to applying for a Canine Trainer Authorization Card. Complete the applicant section of this form. 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 ___/___/___ <small>Month Day Year</small>	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; margin-top: 20px;"> _____ <small>Profession Name</small> </div> <div style="text-align: right; margin-top: 20px;"> _____ <small>Profession Code</small> </div>	
6. MAIDEN OR GIVEN SURNAME		
7. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ <small>Month Day Year Month Day Year</small>	8. PERC NUMBER (if applicable) <div style="text-align: center; font-size: 1.2em;"> 129 - ____ ____ ____ ____ ____ </div>	

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/SUPERVISOR	B. AGENCY/ENTITY NAME
C. LICENSE NUMBER OF LICENSEE IN CHARGE (if applicable)	D. AGENCY/ENTITY ADDRESS (STREET, CITY, STATE, ZIP CODE)
E. AGENCY LICENSE NUMBER (if applicable)	F. AGENCY/ENTITY TELEPHONE NUMBER Area Code (_____) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION		
A. APPLICANT JOB TITLE	B. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ <small>Month Day Year Month Day Year</small>	
C. TIME IN TITLE ____ Years ____ Months	D. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	E. ANNUAL HOURS APPLICANT WORKED

F. 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.

G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY IN CANINE ODOR DETECTION SERVICES.

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

_____	_____
Print Name	Signature
_____	_____
Date	Title