

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 - SAC

APPLICANT: This form is to be completed if you are filing an application for a **Private Security Contractor** license based upon experience as a full-time manager with a licensed private security contractor agency or if you are filing an application for a **Private Alarm Contractor** license based upon experience as a full-time manager with a licensed private alarm contractor agency, government, one of the armed forces of the United States, or private entity. 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 ____/____/____ Month Day Year	3. SSN OR ITIN - - - - -
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. PERC NUMBER (if applicable) 129 - _____	

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 ____/____/____ Month Day Year Month Day Year	
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. BE SPECIFIC AS TO MANAGERIAL EXPERIENCE.

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

_____ Print Name	_____ Signature
_____ Date	_____ Title