

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the 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

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**APPLICANT:** Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. You are authorized to photocopy this form as 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.  <div style="text-align: right;">             _____ Profession Name              _____ Profession Code           </div>	
6. MAIDEN OR GIVEN SURNAME	7. JOB TITLE OR POSITION APPLICANT HELD	
8. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month    Day      Year              Month    Day      Year	9. SUPERVISOR NAME	

**EMPLOYER:** Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.

**PART I - EMPLOYMENT INFORMATION**

A. EMPLOYER NAME		B. BUSINESS / INSTITUTION NAME	
C. EMPLOYER REGISTRATION/LI-CENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS    STREET    CITY    STATE    ZIP CODE	
F. BUSINESS REGISTRATION/LI-CENSE NUMBER (If Applicable)	G. STATE OF BUSINESS REGISTRATION/LICENSE	H. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____	

**PART II - APPLICANT EMPLOYMENT INFORMATION**

A. NUMBER OF HOURS WORKED PER WEEK	B. TYPE OF EMPLOYMENT [ ] Full-time    [ ] Part-time	C. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month    Day      Year              Month    Day      Year
D. RECORD APPLICANT'S POSITION TITLE(S)		
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.		

I do hereby declare that this information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title