IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (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-COB

APPLICANT: ***Complete the applicant section of this form. Forward the form to an employer, or client who has personal knowledge of your practice.***

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH
__ __ / __ __ / __ __ __ __
Month Day Year

3. SOCIAL SECURITY NUMBER
__ __ __ - __ __ - __ __ __ __

4. ADDRESS STREET, CITY, STATE, ZIP CODE
(P.O. Box alone is not acceptable)

5. PROFESSION NAME, PROFESSION CODE.
_____ ___ ___ ___
Profession Name Profession Code

6. MAIDEN OR GIVEN SURNAME

7. ILLINOIS LICENSE NUMBER (Restoration applicants only)

DECLARANT: ***Complete the remainder of this form.***

PART I

A. NAME OF DECLARANT

B. RELATIONSHIP TO APPLICANT
☐ Employer ☐ Client

PART II

A. PRACTICE PERFORMED BY APPLICANT
☐ Cosmetology ☐ Esthetics
☐ Barbering ☐ Nail Technology

B. DATES OF APPLICANT'S PRACTICE
From __ __ / __ __ / __ __ __ __ To __ __ / __ __ / __ __ __ __
Month Day Year Month Day Year

C. LOCATION OF APPLICANT'S PRACTICE (salon name, street address, city, state, zip code)

D. PROFESSIONAL SERVICES PERFORMED BY APPLICANT

I do hereby declare that the information I have recorded hereon is true and correct.

_____
Signature of Declarant

_____
Street Address of Declarant

_____
Date Signed

_____
City, State, Zip Code of Declarant

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