IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 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-EUTH

APPLICANT: ***Complete the applicant section of this form. Forward the form to an employer who will attest to personal knowledge of your employment/experience. The completed form must be returned to you for inclusion with your Application for Licensure/Examination.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. PROFESSION NAME AND THREE DIGIT PROFESSION CODE **Certified Euthanasia Technician 2 3 5**	
	6. MAIDEN OR GIVEN SURNAME	
7. JOB TITLE OR POSITION		

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

PART I. - EMPLOYER INFORMATION

A. EMPLOYER NAME	B. BUSINESS/INSTITUTION NAME
C. EMPLOYER'S LICENSE NUMBER	D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE
E. STATE OF LICENSURE	F. 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 __ __ / __ __ / __ __ __ __ (Month Day Year) To __ __ / __ __ / __ __ __ __ (Month Day Year)

D. GIVE A BRIEF DESCRIPTION OF THE DUTIES AND FUNCTIONS PERFORMED:

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

Date _____ Signature of Employer _____