IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 447/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.	**EMPLOYEE'S STATEMENT** To be retained in employee's personnel file by the employing agency.	EMPLOYEE NUMBER DATE OF EMPLOYMENT

NAME AND ADDRESS OF EMPLOYING AGENCY	NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER
	ADDRESS OF EMPLOYEE (Include Street, City, State, and ZIP Code)	
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH
	E-MAIL ADDRESS (REQUIRED)	

Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.* ☐ Yes ☐ No

Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position? *If yes, attach explanation.* ☐ Yes ☐ No

Do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.* ☐ Yes ☐ No

Have you ever had a license or registration denied, suspended or revoked under the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act? ☐ Yes ☐ No
If yes, attach explanation. _____

Please state business or occupation engaged in for the five (5) years immediately preceding the date of execution of this statement, the location of such business or occupation, and the names of employers, if any.

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Date: _____ Signature of Employee: _____