IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 446/1 et. seq. (Illinois	EMPLOYEE'S STATEMENT To be retained in employee's personnel file by the employing agency.		EMPLOYEE NUMBER	
Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.			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)	RTH (Month/Day/Year) PLACE OF BIRTH	
Have you ever been dishonorably discharged from the armed services?				□Yes □No
Have you ever been convicted of ANY c If yes, include a detailed explanation of t			case.	□Yes □No
Have you been declared by any court incompetent by reason of mental or physical defect or disease? Yes N If yes, please explain.				
Have you suffered from habitual drunkenness or from narcotic addiction or dependence? If yes, please explain				□Yes □No
Have you ever had a certificate denied, suspended or revoked under the Illinois Private Detective, Private Alarm, and Private Security, and Locksmith Act? If yes, please explain.				□Yes □No
Please state business or occupation eng	gaged in for the five	e (5) years immediately preceding the	e date of exec	ution of this
statement, the location of such business or occupation, and the names of employers, if any.				
Date	Cimantus	of Familia va av		
Date: Signature of Employee:				