

FIDELITY BOND CERTIFICATION FORM



FAX completed form to State Bonding Coordinator, (312) 793-1778

PHONE for further information: Contact Pat Durkin at (312) 793-9601

JOB PLACEMENT AGENCY

Illinois Department of Employment Security
33 South State Street
Chicago, Illinois 60603-2802

EMPLOYER RECEIVING BOND: DATE AFFIRMED _____ / _____ / _____

COMPANY/AGENCY NAME _____

CONTACT PERSON NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE / EMAIL _____

OTHER

Dishonorably Discharged Veteran _____ Ex -Offender _____ Youth _____

LAST NAME _____ FIRST NAME _____

BOND EFFECTIVE DATE _____ / _____ / _____ SOC. SECURITY # _____ - _____ - _____
MO. DAY YEAR

IF WORKER WAS REFERRED BY A 3rd PARTY (e.g. Corrections Agency, Safer Foundation, etc.), enter name of 3rd party: _____

IDES STAFF _____ DATE _____ / _____ / _____

STAFF SIGNATURE _____ STAFF PHONE _____

REQUESTED BOND INSURANCE AMOUNT: _____ **TOTAL AMOUNT** _____

\$ _____,000

OFFICIAL BOND INSURANCE STAMP (S)* _____

* Affix one stamp for each \$5,000 of bond insurance issued (e.g., minimum total bond issued is \$5,000 & requires only 1 stamp; maximum bond is \$25,000 & requires 5 stamps). NOTE: This will be completed by IDES Staff.

SIGNATURE (JOB PLACEMENT STAFF) () - TELEPHONE# COST CENTER