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