



Private Employment Agency Affidavit (New and Renewal)

Illinois Department of Labor
115 S LaSalle St 37th Floor
Chicago IL 60603 Tel # (312)
793-2805
Fax# (312) 814-1210
DOL.PrivateEmployment@illinois.gov

Agency
Owner Name: _____
Residence
Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Name Under Which
Agency Will Operate: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Website: _____

225 ILCS 515/14, reads in part: "Such application shall be accompanied by the affidavits of **two persons** of business or professional integrity, and such affiants shall state that they have known the applicant for a period of two years and that the applicant is a person of good moral character"

Affiant Number 1:

1. Have you ever known the applicant for at least two years and is he/she a person of good moral character? ☐ Yes ☐ No
2. Do you live in the same town where the applicant lives? ☐ Yes ☐ No
3. Do you live in the same town in which the agency will be located? ☐ Yes ☐ No

The undersigned, being duly sworn, deposes and states that the above answers are true and accurate.

Affiant Signature

Printed Name

Affiant Address: _____ Res. Telephone: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Affiant Occupation: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Business Telephone #: _____

Email Address: _____

Subscribed and sworn to before me this _____ day of _____, A. D. _____

Notary Public



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Affiant Number 2:

1. Have you ever known the applicant for at least two years and is he/she a person of good moral character? ☐ Yes ☐ No
2. Do you live in the same town where the applicant lives? ☐ Yes ☐ No
3. Do you live in the same town in which the agency will be located? ☐ Yes ☐ No

The undersigned, being duly sworn, deposes and states that the above answers are true and accurate.

Affiant Signature

Printed Name

Affiant Address: _____ Res. Telephone # _____

Email Address: _____

City: _____ State: _____ Zip Code: _____

Affiant Occupation: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Business Telephone # _____

Subscribed and sworn to before me this _____ day of _____, A. D. _____.

Notary Public