



## Private Employment Counselor Application

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](mailto:DOL.PrivateEmployment@illinois.gov)

Print Form

### Applicant Information:

Name: \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address:

### Agency Information:

Name of Employment Agency: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Most Recent Work Experience:

From date: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Second Most Recent Work Experience:

From date: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of an offense for other than a minor traffic violation?

☐ Yes

☐ No

Have you ever been party to fraud?

☐ Yes

☐ No

If you have previously been licensed in Illinois as an employment counselor, please indicate the last year in which you were licensed: \_\_\_\_\_

I declare that I am of good moral character and business integrity and the information provided on this application is true and correct.  
I promise to take a written examination within sixty (60) days of the permit date for an employment counselor's license.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Private Employment Counselor Application

## Employment Counselor Affidavit Form

Chapter 111, Section 904 of the Private Employment Agency Act reads in part: "and said 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:

Have you known the applicant for at least two years and is he/she a person of good moral character? ☐ Yes ☐ No

Do you live in the same town where the applicant lives? ☐ Yes ☐ No

Do you live in the same town in which the agency is 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Affiant Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bus. Telephone # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public



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## Employment Counselor Affidavit Form

Chapter 111, Section 904 of the Private Employment Agency Act reads in part: "and said 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 2:

Have you known the applicant for at least two years and is he/she a person of good moral character? ☐ Yes ☐ No

Do you live in the same town where the applicant lives? ☐ Yes ☐ No

Do you live in the same town in which the agency is 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Affiant Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bus. Telephone # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public