



Private Employment Agency Affidavit (New and Renewal)

Illinois Department of Labor
Michael A. Bilandic Building
160 North LaSalle, Suite C-1300
Chicago, Illinois 60601-3150
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