State of Illinois
Illinois Department of Labor

Private Employment Agency Background Information (New and Renewal)

Illinois Department of Labor
Michael A. Bilandic Building
160 North LaSalle Street
Ste C1300
Chicago, Illinois 60601-3150
Tel # (312) 793-2805
Fax# (312) 814-1210
DOL.PrivateEmployment@illinois.gov

Agency Owner Name: _____

Agency Name: _____

Most Recent Work Experience: From:_____ To:_____

Employer Name:_____

Address:_____

City:_____ State:_____

Zip Code:_____ Telephone:_____

Email Address:_____

Type of Work Performed:_____

Reason for Leaving: _____

2nd Most Recent Work Experience: From:_____ To:_____

Employer Name: _____

Address:_____

City:_____ State:_____

Zip Code: _____ Telephone: _____

Type of Work Performed: _____

Reason For Leaving: _____

Check Correct Answer

Have you been a party to a fraud? Yes ☐ No ☐

Have you been convicted of a crime? Yes ☐ No ☐

Have you been bankrupt? Yes ☐ No ☐

Are you financially responsible? Yes ☐ No ☐

Are you of good moral character and business integrity? Yes ☐ No ☐

Have you been engaged in the business of conducting an employment agency? Yes ☐ No ☐

Have you been employed by an employment agency in the this state or elsewhere? Yes ☐ No ☐

Have you failed to file a return, pay the tax penalty or interest required by the tax act administered by the Illinois Department of Revenue? Yes ☐ No ☐

I hereby certify that the premises used for the above referenced private employment agency are fit for such use.
The undersigned certifies that the information inserted herein is true and correct and that the applicant or the controlling persons thereof have demonstrated, and will continue to demonstrate, good moral character, business integrity, and financial responsibility.

Upon the filing of such application and supporting documentation, I am aware the Department may initiate an investigation to be made as to the character and the business integrity and financial responsibility of my application and those mentioned in the application (225 ILCS 515/1.5b).

_____ Signature

_____ Date

Witness our hands and seals this day of , A. D. .

Digital Signature_____

_____ Notary Public