Illinois Department of Labor
524 S 2nd Street, Suite 400 Springfield, Illinois 62701
Tel # (217) 782-9347 • Fax # (217) 782-0596

2025 Carnival Worker • Staff Roster

(Keep this form on site with ride or attraction for inspection)

Company (Owner's) Name: _____

I affirm and certify the information provided in this form is true, correct and complete.

_____ _____
(Signature of Owner) *(Date Signed)*

NOTE TO OWNERS: Owners of amusement rides and/or amusement attractions must maintain this completed form on site with the ride or attraction at all times. An owner shall provide this completed form to the Department upon inspection or request. Failure to have the completed form on site may result in amusement rides and/or amusement attractions not being allowed to operate.

CARNIVAL WORKER'S FULL NAME							**Inspector use ONLY**	
Date of Hire	Last Name	First Name	Middle Name	Criminal History Record Check Completed	National Sex Offender Registry Completed	Training Completed	Records Verified by IDOL Inspector	Date Verified by IDOL Inspector
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