



# 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: _____	2nd Most Recent
Most Recent	Work Experience: From: _____ To: _____
Work Experience: From: _____ To: _____	Employer Name: _____
Employer Name: _____	Address: _____
Address: _____	City: _____ State: _____
City: _____ State: _____	Zip Code: _____ Telephone: _____
Zip Code: _____ Telephone: _____	Type of Work Performed: _____
Email Address: _____	Reason For Leaving: _____
Type of Work Performed: _____	
Reason for Leaving: _____	

**Check Correct Answer**

- I, \_\_\_\_\_ have not been a party to a fraud.
- I, \_\_\_\_\_ have not been convicted of a crime.
- I, \_\_\_\_\_ have not been bankrupt.
- I, \_\_\_\_\_ am not financially responsible.
- I, \_\_\_\_\_ am not of good moral character and business integrity.
- I, \_\_\_\_\_ have not been engaged in the business of conducting an employment agency.
- I, \_\_\_\_\_ have not been employed by an employment agency in the this state or elsewhere.
- I, \_\_\_\_\_ have not filed a return, paid the tax penalty or interest required by the tax act administered by the Illinois Department of Revenue.

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