



Private Employment Counselor Application

Illinois Department of Labor
160 North LaSalle, Suite C-1300
Chicago, Illinois 60601-3150
Tel # (312) 793-2805
Fax# (312) 814-1210
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

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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