



# Private Employment Agency Background Information

Illinois Department of Labor  
Michael A. Bilandic Building  
160 North LaSalle St., Suite  
C-1300  
Chicago, Illinois 60601-3150  
Tel # (312) 793-2810  
Fax# (312) 793-5257

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Most Recent Work Experience: From: \_\_\_\_\_ To: \_\_\_\_\_ 2nd Most Recent Work Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zipcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**Check Correct Answer**

- I,  have  have not been a party to a fraud.
- I,  have  have not been convicted of a crime.
- I,  have  have not been bankrupt.
- I,  am  am not financially responsible.
- I,  am  am not of good moral character and business integrity.
- I,  have  have not been engaged in the business of conducting an employment agency.
- I,  have  have not been employed by an employment agency in the this state or elsewhere.

I,  have  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.

The undersigned attests that s/he is familiar with the legal requirements governing private employment agencies and that if granted a license, s/he will abide by the provisions of 225 ILCS 515 and 68 Ill. Adm. Code 680.

All information and material is subject to investigation by the Illinois Department of Labor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness our hands and seals this

\_\_\_\_\_ day of

\_\_\_\_\_, A. D.

Digital Signature \_\_\_\_\_

\_\_\_\_\_  
Notary Public

File Number

Reviewed By:

Date Received