



Private Employment Agency Affidavit

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

Agency
Owner Name: _____
Residence
Address: _____

City: _____ State: _____ Zipcode: _____ County: _____

Name Under Which
Agency Will Operate: _____

Business Address: _____

City: _____ State: _____ Zipcode: _____

225 ILCS, 515/01, reads in part: "Such application shall be accompanied by the affidavits of two persons of business or professional integrity, residing within the city or town wherein such applicant resides or intends to conduct his business, and such affiants shall state that they have known the applicant for a period of two years, that the applicant is a person of good moral character..."

Affiant Number 1:

1. Have you ever known the applicant for at least two years and is he/she a person of good moral character? Yes No
2. Do you live in the same town where the applicant lives? Yes No
3. Do you live in the same town in which the agency will be 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: _____ Res. Telephone # _____

City: _____ State: _____ Zipcode: _____

Affiant Occupation: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zipcode: _____ Business Telephone # _____

Subscribed and sworn to before me this _____ day of _____, A. D. _____.

Notary Public

File Number

Reviewed By:

Date Received



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Affiant Number 2:

1. Have you ever known the applicant for at least two years and is he/she a person of good moral character? Yes No
2. Do you live in the same town where the applicant lives? Yes No
3. Do you live in the same town in which the agency will be 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: _____ Res. Telephone # _____

City: _____ State: _____ Zipcode: _____

Affiant Occupation: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zipcode: _____ Business Telephone # _____

Subscribed and sworn to before me this _____ day of _____, A. D. _____.

Notary Public