



# Private Employment Counselor Application

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



## Applicant Information:

Name: \_\_\_\_\_  
Residence Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Telephone # \_\_\_\_\_ SS # \_\_\_\_\_

## Agency Information:

Name of Employment Agency: \_\_\_\_\_  
Agency Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Most Recent Work Experience:

From date: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## Second Most Recent Work Experience:

From date: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
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 \_\_\_\_\_

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



# 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, 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:

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: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Affiant Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

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

Bus. Telephone # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public



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## 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, 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 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: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Affiant Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

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

Bus. Telephone # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public