

APPLICATION FOR PRIVATE EMPLOYMENT AGENCY LICENSE

Indiana Department of Revenue, Indiana Government Center, Room N202, Indianapolis, IN 46204-2253

- New License
 License Renewal
License # _____
Date of Application _____

Application is hereby made for a license to open, operate, and maintain a private employment agency. The undersigned attests that he is familiar with all the requirements of law governing private employment agencies and that if granted a license, he will abide by the rules and regulations based on I.C. 1971, 25-16-1-1 through 25-16-1-8.

AGENCY INFORMATION

Agency Name _____ Phone _____
D/B/A _____
Agency Address _____
Mailing Address _____
Type of Organization _____
(Sole Proprietorship, Corporation, Partnership or Business Association)

LIST NAMES & ADDRESSES OF ALL RESPONSIBLE PARTIES OF THE ORGANIZATION:

(Proprietor, Corporate Officers, Partners or Members)

Name _____ Address _____
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____
Manager's Name _____ Address _____

INDIVIDUAL INFORMATION

This section is to be filled out by the proprietor, corporate president, responsible partner or responsible member. A separate page may be used for additional information.

PERSONAL HISTORY

List all addresses where you have resided for the past five(5) years

Last Name _____ First _____ Middle _____
Date of Birth _____ SSN _____ Age _____
Present Address _____ From _____ To _____
Prior Address _____ From _____ To _____
Prior Address _____ From _____ To _____

EMPLOYMENT HISTORY

Starting with your most recent employer, state all employers for the last five (5) years.

From _____ To _____ Co. Name _____ Address _____
From _____ To _____ Co. Name _____ Address _____
From _____ To _____ Co. Name _____ Address _____
From _____ To _____ Co. Name _____ Address _____

PERSONAL REFERENCES

Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

GENERAL INFORMATION Answer fully. Use separate page if necessary.

1. Have you, or any organization to which you belonged, ever had a license to operate an employment agency in this or any other state?
 Yes **No** If yes, when, where and under what name? _____

2. Have you, or any organization to which you belonged, ever been refused a license to operate an employment agency in this or any other state?
 Yes **No** If yes, when, where and why? _____

3. Have you, or any organization to which you belonged, ever had an employment agency license revoked in this or any other state?
 Yes **No** If yes, when, where and under what name? _____

4. Are you employed, or do you presently administer, own or otherwise participate in another employment agency in this or any other state?
 Yes **No** If yes, where and for how long? List the name and address of agency (s) and nature of relationship: _____

5. Have you ever been convicted of a felony in this or any other state? _____

6. Do you owe and delinquent taxes to the state of Indiana? _____

7. If presently employed in a private employment agency, are you under an employment contract with your present employer? _____

8. If under contract with another agency, will the actions and scope of the proposed agency be in violation of that contract?
 Yes **No** If yes, explain: _____

9. Will the agency be operating as a franchise? _____
 Yes **No** If yes, name the franchise: _____
10. If the agency name is a Doing Business As (D/B/A) name, state the true name: _____

11. Agency Federal ID Number: _____

CERTIFICATE I affirm and state that the above information and statements are true, complete and correct to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

[SEAL]

Subscribed and sworn before me this _____ day of 20 _____
State of Indiana, County of _____
Notary Public _____
My commission expires _____

Please Note: In addition to completing the above application, the following requirements must be met:

- A. Attach to this application, a current personal or business financial statement.
- B. A personal credit report from an accredited national credit reporting firm, paid for by the applicant, must be forwarded by the reporting firm and directed to the attention of: P.O. Box 2305 Indianapolis, IN 46206-2305, State Department of Revenue, Indiana Government Center North.
- C. Proof of a \$1000.00 employment agency bond is required by law and must accompany this application.
- D. The licensing fee of \$150.00 must accompany this application.
- E. Attach to this application the schedule of fees, charges and commissions you expect to charge for your services, together with a copy of the agency contract. (All advertisements and statements, window signs, door signs, and all literature used, displayed or circulated by any such agency shall contain the regularly licensed name of the agency).
- F. A complete statement of the proposed agency's refund policy must accompany this application. Please Note: Elaborate fully as this statement of refund policy will be used as reference if and when a refund complaint is filed against the proposed agency. It is in the best interests of the agency and the general public if clients of the proposed agency are fully apprised of the conditions involving the refund.