



Private Employment Agency - Corporate Application

Occupational Licensing Division

www.labor.ok.gov

Melissa McLawhorn Houston, Labor Commissioner

OKLAHOMA DEPARTMENT OF LABOR

3017 N. Stiles, Suite 100

Oklahoma City, OK 73105

405-521-6100/888-269-5353

M-F 8:00am-4:30pm

<u>APPLICATION TYPE</u>	<u>APPLICATION FEE</u>	EXACT AMOUNT IS RECOMMENDED
<input type="checkbox"/> Renewal	\$250.00	
<input type="checkbox"/> New	\$250.00	

REQUIRED DOCUMENTATION:

- Surety bond (the bond principal must be the same as the licensee) in the penal sum of five thousand dollars (\$5,000.00) for approval
- Copy of the Articles of Incorporation
- Minutes of the Corporation Meeting showing election of officers and designation of the General Manager
- Personal bank reference as required by law, and in compliance with the provisions and requirements of Section 53, Paragraphs (a) and (h) in the Department of Labor Bulletin No. 9-A, 1982 Edition
- Fee

The Commissioner of Labor shall either accept or reject the application within thirty (30) days after this application is made.

Please note Title 40, Oklahoma Statutes, Chapter 2, Section 53. "The license fee shall not be returnable, and shall be placed in the General Revenue Fund of the State Treasury." Checks will be deposited promptly and no refunds can be made.

CORPORATE APPLICANTS: At least one (1) of the incorporators and one (1) of the principal officers thereof, together with the person who is to be responsible for the general management of the office shall meet the above requirements as to Oklahoma residence and experience.

Name of Agency:		License # (if not new):	
Location:			
City:	State:	Zip Code:	
Mailing address: (if different)			
City:	State:	Zip Code:	
Business Phone: ()		E-mail Address:	

For Office Use Only

The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	<u>Date:</u>	<u>Lic #:</u>	<u>Receipt #:</u>
	<u>Initials:</u>	<u>Payment Type:</u>	<u>Amount:</u>

GENERAL MANAGER

Name: _____

Home Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Residential Phone: () _____

E-mail Address: _____

Have you ever been convicted of a felony? Yes No

If yes, where and what year? _____

Were you ever pardoned? Yes No

If yes, where and by whom? _____

Are you financially interested in any other business? Yes No

If yes, list the nature and address of the business: _____

Are you presently engaged in or have you previously been engaged or financially interested in any employment agency in Oklahoma or any other state? Yes NoIf yes, list name and address of such agency or agencies and the dates you were so engaged or interested:
_____Are you now or have you previously been employed in an employment agency? Yes No

If yes, list name and address of such agency: _____

The name of the person(s) conducting the agency: _____

Dates employed: _____

In what capacity? _____

Were you ever cited for cause? Yes No

If yes, give the final disposition of said breach of law or regulation: _____

MILITARY STATUSWithin the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, coming off Active Duty as a member of the National Guard or Reserves, or transferred from another state to Oklahoma? Yes No

If yes, provide date of discharge/transfer: _____

Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

ONE INCORPORATOR OF CORPORATION

Name: _____

Home Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Residential Phone: () _____

E-mail Address: _____

Have you ever been convicted of a felony? Yes No

If yes, where and what year? _____

Were you ever pardoned? Yes No

If yes, where and by whom? _____

Are you financially interested in any other business? Yes No

If yes, list the nature and address of the business: _____

Are you presently engaged in or have you previously been engaged or financially interested in any employment agency in Oklahoma or any other state? Yes No

If yes, list name and address of such agency or agencies and the dates you were so engaged or interested:

Are you now or have you previously been employed in an employment agency? Yes No

If yes, list name and address of such agency: _____

The name of the person(s) conducting the agency: _____

Dates employed: _____

In what capacity? _____

Were you ever cited for cause? Yes No

If yes, give the final disposition of said breach of law or regulation: _____

MILITARY STATUSWithin the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, or transferred from another state to Oklahoma? Yes No If yes, provide date of discharge/transfer: _____Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

PRESIDENT, VICE PRESIDENT, OR SECRETARY-TREASURER

Name: _____

Home Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Residential Phone: () _____

E-mail Address: _____

Have you ever been convicted of a felony? Yes No

If yes, where and what year? _____

Were you ever pardoned? Yes No

If yes, where and by whom? _____

Are you financially interested in any other business? Yes No

If yes, list the nature and address of the business: _____

Are you presently engaged in or have you previously been engaged or financially interested in any employment agency in Oklahoma or any other state? Yes No

If yes, list name and address of such agency or agencies and the dates you were so engaged or interested:

Are you now or have you previously been employed in an employment agency? Yes No

If yes, list name and address of such agency: _____

The name of the person(s) conducting the agency: _____

Dates employed: _____

In what capacity? _____

NOTE: Attach affidavit from your former employer stating you were a placement counselor and indicating your inclusive dates of employment. Affidavit must be signed and notarized.

Were you ever cited for cause? Yes No

If yes, give the final disposition of said breach of law or regulation: _____

MILITARY STATUS

Within the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, or transferred from another state to Oklahoma? Yes No If yes, provide date of discharge/transfer: _____

Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

