



Private Employment Agency - Individual 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

APPLICATION TYPE	APPLICATION FEE	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
- All articles of partnership
- 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.

Every applicant for a license shall have been a resident of the State of Oklahoma for at least one (1) year immediately preceding the filing of such application, and shall have had at least one (1) year of experience as a placement counsellor in a licensed employment agency either within or without the state.

Name:		License # (if not new):	
Address:	City:	State:	Zip:
Phone #: ()		E-mail Address:	
Social Security #:		Date of Birth:	
Agency Name:		Business Phone: ()	
Address:	City:	State:	Zip:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what county? _____ State? _____ Year? _____			
Person responsible for management of office: _____			

MILITARY STATUS

Within 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

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.	Date:	Lic #:	Receipt #:
	Initials:	Payment Type:	Amount:

NAME AND ADDRESS OF ALL THOSE FINANCIALLY INTERESTED IN THE AGENCY

Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Does the applicant have a financial interest in any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the name 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and address of such agency: _____ Dates employed: _____ In what capacity? _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the final disposition of said breach of law or regulations charged governing such employment agency or employment: _____			
IF APPLICANT IS A CO-PARTNERSHIP, COMPLETE THE FOLLOWING SECTION FOR ALL PARTNERS			
Name:		Title:	
Address:	City:	State:	Zip:
Social Security Number:		Date of Birth:	
Residential Phone: ()		E-mail Address:	
Name:		Title:	
Address:	City:	State:	Zip:
Social Security Number:		Date of Birth:	
Residential Phone: ()		E-mail Address:	
Name:		Title:	
Address:	City:	State:	Zip:
Social Security Number:		Date of Birth:	
Residential Phone: ()		E-mail Address:	

LIST THREE (3) PERSONAL REFERENCES

You may submit notarized reference letters with your application, or reference letters will be requested by mail upon receipt of application

Name:	Business or Profession:
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Business Address:

City:	State:	Zip Code:
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Phone #: ()	E-mail Address:
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Name:	Business or Profession:
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Business Address:

City:	State:	Zip Code:
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Phone #: ()	E-mail Address:
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Name:	Business or Profession:
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Business Address:

City:	State:	Zip Code:
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Phone #: ()	E-mail Address:
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BANK REFERENCE

Name of Bank:	Phone #: ()
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Address:

City:	State:	Zip Code:
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UNDER THE PENALTY OF LAW FOR PERJURY, I HEREBY, UPON OATH, AFFIRM THAT THE FOREGOING STATEMENTS ARE TRUE

Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE **DATE**

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If applicant should be found guilty of perjury as to any material fact, after issuance of a license by the State of Oklahoma, after exhaustion of applicant's right of appeal, the Administrator shall rescind such license immediately thereafter, and no license shall subsequently be issued to such applicant. (Title 40, Sec. 53)