

INFORMATION FOR THE EMPLOYMENT AGENCY OPERATOR

LICENSE: All persons who engage in the employment agency business for compensation must have a private employment agency license. Employment agency business includes furnishing information to persons seeking employment which enables or tends to enable the person to secure employment, furnishing information to employers seeking laborers or other help of any kind which enables or tends to enable the employer to secure such help and/or maintaining a register of persons seeking employment or work. A person will be considered to have engaged in the employment agency business regardless of whether that person conducts his business from a fixed location, on the streets or as a transient and whether or not the employment agency business constitutes the persons principal business or merely a sideline or an incident to another business.

EXEMPTIONS: 1) Employers who procure help for their own business; 2) Temporary worker's services that do not have a liquidated damage clause in their employment contract; 3) A hiring hall operated by a bona fide labor union; 4) A theatrical or booking agent; or 5) A private employment agent, which only charges the employer for their services.

LICENSE CLASSES:

- CLASS I Applicant paid fee agencies that secure work in most occupations
- CLASS II Modeling agencies
- CLASS III Nurse Registries
- CLASS IV Other agencies whose activities are of a specialized nature which do not fall into the other classes of licensure or agencies whose placements are limited to specific areas.

Note: You may apply for more than one class of license. There is no additional cost for licensure based on the number of classes listed on your license.

DURATION OF LICENSE: Licenses are issued for a maximum one-year time period. The normal license year is based on the state's fiscal year which extends from July 1st on one calendar year and ends on the following June 30th. New licenses issued within the license year expire on the following June 30th similar to licenses issued at the start of the license year.

LICENSE FEES: An agency's annual license fee is based on 1% of its gross receipts for the license year but no less than a minimum license fee of \$50.00 (which ever is greater) or a maximum license fee of \$300.00. Additionally, an employment agency is charged \$150.00 for each branch office the agency maintains in the same community. Initial license fees may be waived under the **Veteran's License Fee Waiver Program**. To request the waiver, you will be asked to provide an 8-digit code provided by the Department of Veterans Affairs (DVA).

EXAMINATION AND REQUIREMENTS: A public hearing is held on each application for a private employment agency license. At the hearing, the applicant must offer testimony concerning their character and the type of premises from which the agency is going to be operated. "Character" is defined as components of the applicant's ability to be an employment agent such as one's moral character, education, business integrity, fiscal integrity, training and knowledge of the employment agency business, capability of staff and the extent the applicant will be engaged in the direct operation of the agency. "Premises" means the location of the business, the neighborhood, public access, lease, purchase of premises and other physical arrangements.

LICENSING AUTHORITY:

State of Wisconsin
Department of Workforce Development
Equal Rights Division
PO Box 8928
Madison WI 53708-8928
(608) 266-6860

Initial Application – Employment Agent’s License Pursuant to Section 105 Wisconsin Statutes

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Authorization for this form is provided under Chapter 105 Wisconsin Statutes and Section DWD 277.02 of Wisconsin Administrative Code. Completion of this form is mandatory. This information is used for the purpose of processing your application and maintaining the division’s records.
 Provision of your social security number (if an individual) or your federal employer identification number (if part of a corporation or partnership) is mandatory per section 105.06(1m) Wisconsin Statutes. If an individual does not have a social security number they may provide a statement per 105.06(1m)(bm). These numbers will only be used to determine if you have any unpaid taxes or child support. Failure to provide these numbers or statement will cause the Department to deny your request.

General Information

1. Applicant Name				
2. Business Status (Check One)				
<input type="checkbox"/> Individual	Social Security Number			
<input type="checkbox"/> Partnership	Federal Employer Identification Number			
<input type="checkbox"/> Corporation	Federal Employer Identification Number			
Note: Per DWD 277.04(3) a corporation shall file with the department a certified statement setting forth the names, home addresses and telephone numbers of all officers and directors of the corporation and their respective interest therein.				
3. Proposed Agency Name				
Street Address	City	State	Zip Code	Telephone Number
4. License Class				
<input type="checkbox"/> Class I Applicant paid fee agencies that secure work in most occupations.				
<input type="checkbox"/> Class II Modeling Agencies.				
<input type="checkbox"/> Class III Nurse Registries.				
<input type="checkbox"/> Class IV Other agencies whose activities are of a specialized nature which do not fall into the other classes of licensure or agencies whose placements are limited to specific areas. <u>(Attach explanation of specialty area.)</u>				
Note: You may apply for more than one class of license. There is no difference in cost whether you have one, two or more classes included on your license.				
5. Name of person who will be in charge of agency				
Street Address	City	State	Zip Code	Telephone Number ()
6. Do you intend to operate under a franchise or affiliation?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, with whom?				

(Please attach a copy of franchise or affiliation agreement to application)

7. Will the agency's business be conducted in connection with any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state the nature and location of such business <hr/> <hr/>

Personal History

8. Applicant Name				
Street Address	City	State	Zip Code	Telephone Number ()
9. Date of Birth		Place of Birth		
10. If foreign born, in what Country?		How did you become an U.S. citizen?		
11. How long have you been a resident of this state?				
12. Have you ever been convicted of any violation of the law other than minor traffic violations <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, approximate date of violation.		Name of Court		
Nature of Offense		Disposition		Disposition Date
13. List memberships in professional, fraternal, social or technical associations <hr/> <hr/>				

Education And Training

14. High School Name and Address		
Highest Year Completed	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Diploma Granted
15. List training beyond high school (college, university, nursing, business college, or other schools attended): <hr/> <hr/> <hr/>		
16. Describe any education or training you have had which is not covered above (such as vocational school, correspondence courses, service schools, etc.). Also include dates of education or training. <hr/> <hr/> <hr/>		
17. Are you currently licensed or registered as a member of some trade or profession? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what trade or profession?		

Previous Employment And References

18. Have you ever had a private employment agency license in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide name and address of agency			
19. Has a license ever been revoked or denied you for such an agency in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and where?			
20. Have you ever been employed by a private employment agency in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what capacity? _____ _____			
a. Name and address of agency where you were employed			
b. Dates of Employment _____ to _____		Reason for Leaving	
21. Provide name and address of three persons who are residents of this state, who have known you for at least 5 years and who will make an affidavit regarding your moral character, business integrity, and responsibility. (They can not be a relative.)			
1. Employer Name			
Street Address		City	State Zip Code
2. Employer Name			
Street Address		City	State Zip Code
3. Employer Name			
Street Address		City	State Zip Code
22. May we communicate with the 3 people listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list the name(s) and explain the exceptions _____ _____			
23. Start with information on present or most recent job and cover the last 20 years. Describe any service in the Armed Forces, as well as any self-employment. Indicate any change in job title under the same employer as a separate position. Account for all periods of unemployment. Be specific.			
Employer Name			
Street Address		City	State Zip Cod
Telephone Number ()	Job Title		
Reason for Leaving _____ _____			

Job Duties			
Reference Name			
Street Address		City	State Zip Code
Telephone Number () ____-____	Total Time Employed		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Beginning Month __ Year ____	Ending Month __ Year ____	Starting Monthly Salary	Ending Monthly Salary
24. May we communicate with the person(s) you named as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list the name(s) and explain the exceptions			

Financial Information

25. Net Worth	
26. Bank or Other Credit Reference	

27. Other Financial Information	

<u>Veteran's License Fee Waiver:</u> To request waiver of the license fee under the Veterans' License Fee Waiver program, please provide the 8-digit code given to you by the Department of Veterans Affairs (the waiver is only available for first-time licensees):	_____

Make remittance payable to The Equal Rights Division and send to:

**THE EQUAL RIGHTS DIVISION
P O BOX 8928
MADISON WI 53708**

Conclusion

This application must be accompanied by the items listed below:

- (a) Surety Bond of \$5,000
- (b) Minimum license fee of \$50
- (c) Proposed contract and fee schedule
- (d) Copy of franchise or affiliation agreement if applicable
- (e) Copy of certified statement required under DWD 277.04(3), if license is to corporation

I agree, in consideration of granting a license that I will faithfully perform all duties and comply with the terms, provisions, and requirements of Chapter 105 and any and all regulations adopted by the Department of Workforce Development.

Applicant Signature	Date Signed

**STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION**

**Employment Agent's Bond
Pursuant to Section 105.06, Wisconsin Statutes
Bond Number _____**

DECLARATION OF INTENT

That we

_____ as principal, and

_____ Company,

a body corporate, duly authorized to do business in the State of Wisconsin, as surety, are hereby jointly, and severally, held and firmly bound unto the State of Wisconsin for the penal sum of Five Thousand Dollars (\$5,000) to be paid to the State of Wisconsin; to which payment, we bind ourselves, our heirs, executors, administrators, successors, and assigns, firmly by this declaration of intent.

Whereas, the above bounden principal desires a license to engage in the business of an employment agent for profit pursuant to the provisions of Chapter 105, Wisconsin Statutes, and has made application to the Department of Workforce Development, of Wisconsin to conduct such business at

Street Address

City	State	Zip Code	County
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Now therefore, and condition of this obligation is such, that if the principal will conform to and not violate any of the duties, terms, conditions or requirements of Section 105.01 to 105.16 inclusive of the Wisconsin Statutes, then this obligation shall be void, otherwise to remain in full force and effect in law.

This bond may be terminated as to future acts of the Principal upon sixty (60) days written notice by the Surety; said notice to be sent to the Department of Workforce Development by certified mail.

The term of this bond shall be from _____ to 06/30/20_____

Signed, sealed and delivered this

Date (MM/DD/YYYY)

In the presence of:

_____ (Witness)	_____ (Principal) (Seal)
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_____	_____ (Seal)
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By: _____
(Attorney-In Fact)

This bond may be renewed by Continuation Certificate.

**APPROVED:
Department of Workforce Development**

Department of Workforce Development
Equal Rights Division, Labor Standards Bureau
PO Box 8928
Madison, Wisconsin 53708