



Application for Agency Manager Permit

Use this form to apply for an Agency Manager Permit. Mail the signed application to the address above. Be sure to include: • two completed statements of character, and • a copy of your receipt from the Morpho Trust USA company for the required fingerprint search and verification report. (See "fingerprinting" sheet for instructions and fees.) Add extra sheets as needed.

1. **Applicant name:** _____
Home address (street, city, state and zip): _____

2. **Employment agency name:** _____
Physical location (street, city, state and zip): _____

3. **Work history:** Give detailed listing of duties at each employer showing percentage of time spent on those duties. Include name and title of your immediate supervisor.

Employer Name and Address (List the last employer first.)	Date Started	Date Ended	<ul style="list-style-type: none"> Duties: List Percent (%) of Time Spent on: <ul style="list-style-type: none"> a. interviewing and counseling applicants b. screening, selection and placing applicants c. soliciting and obtaining job orders d. preparing job descriptions, etc. e. on non-related placement duties Give Name and Title of Immediate Supervisor.

4. **License:** In relation to your business affiliations and/or activities, was any license to conduct a business ever denied, cancelled, suspended, revoked or surrendered? Yes No If "Yes," give details and reason:

Date of Action	Business Name and Address (City, Town, Village and State)	Type of Business	Reason for Denial, Cancellation, Suspension or Surrender

5. **Convictions:** Were you ever convicted of any crime or offense other than a traffic infraction? Yes No
If "Yes", give full details:

Date of Conviction	Where Convicted (City, Town, Village and State)	Offense	Penalty and/or Fine Imposed

6. **Applicant's affirmation:** I swear that the information given in this application is true and accurate under penalty of perjury. I authorize the New York State Department of Labor to obtain any information needed to verify this information. I swear I will faithfully perform all acts and duties and comply with all terms, conditions, provisions and requirements of the Employment Agency Law and any rules of the Commissioner of Labor.

Date: _____ Applicant's signature: _____

7. **Employment agency's affirmation:** I swear that (Applicant's Name): _____
_____ will direct and operate the employee placement activities for the
(Employment Agency): _____

Date: _____ Owner, partner or officer's signature: _____