



**IOWA WORKFORCE DEVELOPMENT
DIVISION OF LABOR SERVICES
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
(515) 281-5915**

To: Employment Agency License Applicant

From: Kathleen Uehling, Attorney

Subject: Employment Agency License Application

Please review the Iowa Administrative Code, Chapter 875-38, to insure that your application complies with the requirements of these administrative rules. To obtain a private employment agency license for the current licensing year, the items listed below must be submitted to the:

Division of Labor Services
1000 East Grand Avenue
Des Moines, Iowa 50319-0209

1. A completed application form PEA-1.
2. Two signed and dated copies of the Schedule of Fees form PEA-2. Only requested information is to be provided on the Schedule of Fees forms.
3. A surety bond in the sum of thirty thousand dollars (\$30,000.00). The bond must be conditioned to pay any damages that may accrue to any person or persons because of any wrongful act, or violation of law, on the part of the agency in the conduct of the employment agency. This bond must indicate it is effective through June 30 of the current licensing year.
4. A copy of all contracts to be signed by an employee. The state law requires an agency use a written contract. Each contract must comply with 875 IAC - 38.6 and 38.8.
5. A nonrefundable licensing fee in the amount of seventy-five dollars (\$75.00).



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_____ Approved By:
_____ Date:

APPLICATION FOR PRIVATE EMPLOYMENT AGENCY LICENSE FORM PEA-1

309-6164 (12-11)

Agency Name		Complete only one of the following: CORPORATION (provide corporate name) PARTNERSHIP (provide partnership name) SOLE PROPRIETORSHIP (provide owner's name and SSN)
Street Address	P.O. Box	
City	State Zip	
Telephone Number (Area Code)	County	

If partnership or corporation, provide names of officers or partners:

I HEREBY CERTIFY THE INFORMATION CONTAINED ON THIS FORM AND ALL OTHER APPLICATION MATERIALS IS TRUE, AND I REQUEST A LICENSE FOR THE PERIOD ENDING JUNE 30, _____

Signature of License Applicant	Date
Title	

Notice Regarding Social Security Numbers
 Iowa Code sections 252J.8, 261.126 and 272D.8, require records of employment agency licensees issued to sole proprietors to be maintained by social security numbers. If you are a sole proprietor and you withhold your social security number, this application will be denied. Social security numbers may be shared with Child Support Recovery Unit, Department of Human Services, The Student College Aid Commission and The Department of Revenue, for use in the collection of debts. If you are behind in payments, this or future applications may be denied. If you already have a license it may be suspended or revoked. Your social security number may also be shared with other governmental agencies.

SCHEDULE OF FEES

FORM PEA-2

309-6164 (12-11)

Operating Name of Agency

Address

City

State

Zip Code

The following is true and a correct schedule of fees to be charged to the applicant and collected in the operation of the employment agency.

Signature(s) of Licensee/Applicant

Title

Date Signed

This schedule must be prominently posted at the place of business

Inquiries may be submitted to:
Division of Labor Services
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
(515) 281-5915

**STATE OF IOWA
EMPLOYMENT AGENCY BOND**

BOND NO. _____

WHEREAS Iowa Code Chapter 94A requires that in most cases a person who for a fee brings together those desiring to employ and those desiring employment and who receives a fee, privilege, or other consideration directly or indirectly from an employee for the service is considered an employment agency.

WHEREAS Iowa Code Chapter 94A requires that an employment agency shall file with the Labor Commissioner a surety company bond in the sum of thirty thousand dollars (\$30,000.00) conditioned to pay any damages that may accrue to any person due to a wrongful act or violation of law on the part of the employment agency.

THEREFORE, the Principal _____, doing business at
(Employment agency name)
_____, _____ Iowa
(Address) (City)
and _____
(Surety)

are held and firmly bound unto the people of the State of Iowa in the penal sum of thirty thousand dollars (\$30,000.00), for which payment we firmly bind ourselves, our heirs, our executors, our successors, our assigns, and our administrators, jointly and severally. If the Principal complies with all the provisions of Iowa Code Chapter 94A and the administrative rules adopted under its authority, and pays all damages caused by wrongful acts or omissions by the Principal, its agents, or its employees while acting within the scope of their employment, then this obligation is to be void. Otherwise, it is to remain in full force and effect until cancelled.

Executed this _____ day of _____, 20 _____.

Principal _____

Surety _____