Receipt

Employment Agency Information	
Name of Employment Agency:	DCWP License Number:
Name of Agency Staff or Salesperson:	
Address:	
Email Address, if available:	Telephone:

Applicant Information		
Name of Applicant:		Date:
Name of Employer (if known):		
Address of Employer:		
Email Address, if available:	Telephone:	
Job Title:	Salary:	Employment Class:
Purpose of Fee:		Amount of Fee:

AN EMPLOYMENT AGENCY MAY NOT CHARGE YOU, THE JOB APPLICANT, A FEE BEFORE REFERRING YOU TO A JOB THAT YOU ACCEPT. IF YOU PAY A FEE BEFORE ACCEPTING A JOB OR PAY A FEE THAT OTHERWISE VIOLATES THE LAW, YOU MAY DEMAND A REFUND, WHICH SHALL BE REPAID WITHIN SEVEN DAYS. IF YOU HAVE A COMPLAINT OR NEED MORE INFORMATION, CALL 3-1-1.

Applicant Signature _____ Date _____

I confirm that any and all fees the Employment Agency requires applicants to pay are consistent with the law.

Employment Agency Representative Signature _____ Print Title of Representative _____ Date _____