



# MINISTRY OF LABOUR AND SOCIAL SECURITY

## WORK PERMIT/EXEMPTION APPLICATION FORM

Foreign Nationals and Commonwealth Citizens Employment Act 1964)

Please indicate the type of application:  Work Permit  Exemption

### PART I TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

1. First Name		Last Name		Middle Initial		Alias	
2. Address (overseas, except in the case of renewal)		3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Date of Birth YYYY/MM/DD		5. Country & Place of Birth	
6. Nationality		7. Number Of Children/ Dependents		8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated			
9. TRN		10. Occupation		11. Period for which Permit/Exemption is required YYYY/MM/DD From _____ To _____			
12. Passport Number		13. Passport Expiry Date YYYY/MM/DD		14. Type of Passport (Country Issued)			
15. Qualification – Academic or Professional (Attach Documentary Evidence)				<b>Details on previous (Last) Employer in Jamaica</b>			
				20. Name of Employer			
				21. Address of Employer			
16. Work Experience				22. Telephone Number			
				23. Applicant's Work Permit Number		24. Expiry Date YYYY/MM/DD	
17. Skills of Applicant				<b>Details of Husband's/Wife's previous Employment in Jamaica</b>			
				25. Name of Employer			
18. Husband/Wife's Name				26. Address of Employer			
19. Husband/Wife's Nationality				27. Work Permit Number		28. Expiry Date YYYY/MM/DD	

29. I certify to the best of my knowledge and belief, that the above information is correct

\_\_\_\_\_ YYYY/MM/DD

Date

\_\_\_\_\_ Applicant's Signature

<b>PART 11 TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>							
30. Business Name/Name of Employer/Sponsor				38. TRN			
31a. Business Address (Post Office Box # not acceptable) Street _____ City _____ Parish _____				39. Tax Compliance Certificate (TCC)			
31b. Mailing Address (if different from above)				40. Is your Company registered? Yes _____ No _____		41. Date of Registration YYYY/MM/DD	
32. Telephone Number		33. Fax number		42. The request for Work Permit/Exemption is in relation to: Bi/Multilateral Agreement <input type="checkbox"/> Investment by Overseas Organization <input type="checkbox"/> Other please specify _____			
34. Nature of Business				<b>Steps taken to employ Jamaican National</b>			
35. Qualifications Necessary for Job (Details on Attachment)				43. Contacted Employment Service Public <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/>			
36. Job Title and Duties to be Performed (Details on Attachment)				44. Internal Recruitment Yes <input type="checkbox"/> No <input type="checkbox"/>			
				45. By advertisement (Attach Copy) Locally <input type="checkbox"/> Overseas <input type="checkbox"/>			
				46. Other			
37. Email address				47. If no step was taken please state reason (Details on Attachment)			
48. Gross Salary offered Per Annum \$.....				Kindly indicate in Jamaican currency for questions 48 & 49			
				49. Perquisites (Allowances) per Annum House \$ ..... Car \$..... Entertainment &..... Other \$.....			
50. STAFF COMPOSITION	CITIZEN-SHIP	PROFESSIONAL	CLERKS/SERVICE WORKER	SKILLED WORKERS	PLANT & MACHINE OPERATORS	ELEMEN-TARY OCCUPA-TIONS	TOTAL
	JAMAICAN						
	CARICOM						
	COMMON-WEALTH						
	FORIEGN						
51. Details of programme (if any) instituted by Employer to train citizens of Jamaica to fill posts now held by persons who are not citizens of Jamaica (Full explanatory memorandum to be attached).  I certify to the best of my knowledge and belief, that the above information is correct and accept the responsibility for the support and repatriation expenses of the applicant and his family should the need arise.  _____ YYYY/MM/DD Date  _____ Employer's/Sponsor's Signature							