



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)		Details on previous (Last) Employer in Jamaica	
		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		Details of Husband's/Wife's previous Employment in Jamaica	
		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

PART 11 TO BE COMPLETED BY PROSPECTIVE EMPLOYER							
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				Steps taken to employ Jamaican National			
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							