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 1	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 ☐ ☐ Male Female	4. Date of Birth YYYY/MM/DD	5. Country & Place of Birth

6. Nationality	7. Number of Children/Dependents	8. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ 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

17. Skills of Applicant	23. Applicant's Work Permit Number	24. Expiry Date YYYY/MM/DD

18. Husband/Wife's Name	**Details of Husband/Wife's previous Employment in Jamaica**
	25. Name of Employer
19. Husband/Wife's Nationality	26. Address of Employer

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 II	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

30. Business Name/Name of Employer/Sponsor	38. TRN
	39. Tax Compliance Certificate (TCC)
31a. Business Address (Post Office Box # not acceptable) Street City Parish	40. Is your Company registered? Yes ☐ No ☐ 41. Date of Registration YYYY/MM/DD
31b. Mailing Address (if different from above)	42. The request for Work Permit/Exemption is in relation to: Bi/Multilateral Agreement ☐ Investment by Overseas Organization ☐ Other – please specify _____
32. Telephone Number 33. Fax Number	**Steps taken to Employ Jamaican National**
34. Nature of Business	43. Contacted Employment Service Public ☐ Private ☐ None ☒
	44. Internal Recruitment Yes ☐ No ☐
35. Qualification Necessary for Job (Details on Attachment)	45. By advertisement (Attach Copy) Locally ☐ Overseas ☐
	46. Other
36. Job Title and Duties to be Performed (Details on Attachment)	
	47. If no step was taken please state reason (Details on Attachment)
37. E-mail address	

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	CITIZENSHIP	PROFESSIONAL	CLERKS/SERVICE WORKERS	SKILLED WORKERS	PLANT & MACHINE OPERATORS	ELEMENTARY OCCUPATIONS	TOTAL
	Jamaican						
	CARICOM						
	Commonwealth						
	Foreign						

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

PART III	**FOR OFFICIAL USE**
52. No. of Vacancies	53. Recommendation of Other Ministry

54. Remarks

_____   _____
Processing Officer   Officer in Charge

_____   _____
Date   Date

55. Decision	56. Conditions

57.

_____ YYYY/MM/DD   _____
Date   Minister / P.S.

58. Permit No.	59. Date	60. Voucher #	61. Period Granted	62. Cost for Period

63. Signature of person receiving voucher _____

Stamp for receipt here