



**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"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <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			
				22. Telephone Number			
16. Work Experience				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			
				26. Address of Employer			
18. Husband/Wife's Name				27. Work Permit Number		28. Expiry Date YYYY/MM/DD	
19. Husband/Wife's Nationality				29. I certify to the best of my knowledge and belief, that the above information is correct			
Date _____ YYYY/MM/DD				Applicant's Signature _____			

**PART II**      **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 <input type="checkbox"/> No <input type="checkbox"/>	
32. Telephone Number		41. Date of Registration YYYY/MM/DD	
33. Fax Number		42. The request for Work Permit/Exemption is in relation to: Bi/Multilateral Agreement <input type="checkbox"/> Investment by Overseas Organisation <input type="checkbox"/> Other please specify _____	
<b>Steps taken to Employ Jamaican National</b>			
34. Nature of Business		43. Contacted Employment Service Public <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/>	
35. Qualifications Necessary for Job (Details on Attachment)		44. Internal Recruitment Yes <input type="checkbox"/> No <input type="checkbox"/>	
36. Job Title and Duties to be Performed (Details on Attachment)		45. By advertisement (Attach Copy) Locally <input type="checkbox"/> Overseas <input type="checkbox"/>	
37. E-mail address		46. Other	
47. If no step was taken please state reason (Details on Attachment)			