



# 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