



LABOUR DEPARTMENT

APPLICATION FORM

“NEW” AND “CHANGE OF EMPLOYER

1. One copy of newspaper advertisement.
 2. Cover Letter:- stating reason for employment.
 3. Job Description
 4. Statement signed by the Employer or his Representative as to whether there were belonger applicants, and if so, the reason why none was offered employment.
 5. Copy of letter to each unsuccessful belonger applicant, if applicable.
 6. Two (2) passport sized photos of applicant.
 7. Qualifications of applicants: degree, diploma, certificate, résumé, letter of reference, etc.
 8. Signed copy of contract between employer and applicant, where applicable or completed “Notice of Employment and Statement of Working Conditions form,” provided by this office, signed by applicant and employer.
 9. Copy of Applicant’s Signature Page of Passport.
2. **Where the employer is a new company or individual, the following documents may be applicable:**
10. Trade License
 11. Memorandum of Association
 12. Certificate of Incorporation
3. **Where the employer recently purchased the business and the employees are continuing employment under a new employer, that new employer must provide evidence, to the satisfaction of the Labour Commissioner, to show that the matter of the employee’s severance payment has been settled.**

LABOUR DEPARTMENT
HOW MAY I CONTACT YOU?

Please Complete For Work Permit Processing

EMPLOYER

Employer's Full Name: _____

Employer's Telephone No: (H) _____ (W) _____ (C) _____

Employer's Email Address: _____

Employer's Mailing Address: _____

EMPLOYEE

Employee's Current Address: _____

Employee's Social Security No: _____

Employee's Telephone No: (H) _____ (W) _____ (C) _____

Employee's Email Address: _____

**Government of the British Virgin Islands
LABOUR DEPARTMENT**

FIRST SCHEDULE

APPLICATION UNDER SECTION F5 OF WORK PERMITS DIVISION OF THE VIRGIN ISLANDS LABOUR CODE ORDINANCE.

I,..... of.....

hereby make application for work permit under the provision of the Work Permits Division of the Virgin Islands Labour Code Ordinance.

The particulars stated below are true and correct: -

- (a) Country of Origin
- (b) Date of Birth
- (c) Training and experience
- (d) Number, date and place of issue of Passport
-
- (e) Date of arrival in the Virgin Islands
- (f) Period of stay granted by Immigration Authorities
-
- (g) Place of residence before arriving in the Virgin Islands
-
- (h) Employer / Intended employer
- (i) Salary / Wage
- (j) (If self-employed) Business, trade, occupation or profession
-
- (k) Comments
-

Dated this day of, 20

.....
Signature of Applicant

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LABOUR DEPARTMENT**

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Dated this day of, 20

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Signature of Applicant

SECOND SCHEDULE

ATTACHMENT TO APPLICATION UNDER SECTION F5 OF WORK PERMITS DIVISION OF THE VIRGIN ISLANDS LABOUR CODE ORDINANCE.

I / We, of.....
hereby request that work permit be issued to
..... of.....

*The particulars stated below are true and correct to the best of our knowledge,
information and belief: -*

- (a) Nature of employment offered
- (b) Nature of my / our business, trade, profession or occupation
.....
- (c) Rate of pay and conditions of employment offered.....
.....
- (d) Was vacancy advertised locally? (give details)
.....
.....
.....

.....
Signature
(If a company, stamp and signature of Director)

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- (d) Was vacancy advertised locally? (give details)
.....
.....
.....

.....
Signature
(If a company, stamp and signature of Director)

NOTICE OF EMPLOYMENT AND STATEMENT OF WORKING CONDITIONS

Employee's Name

Effective Date Job Title

Dear

You are, hereby, employed by:

on the following terms and conditions:

a. General responsibilities and related duties

b. (i) Number of days of work per week number of hours of work:
Per week Regular Overtime

(ii) Required to work public holidays: Yes No

(iii) Lunch break (please indicate duration and approximate time):
Other breaks (please indicate type and duration)

c. (i) A. Regular rate of Pay (per hour) (per week) (per month)

B. Overtime Rate of Pay (per hour) (per week) (per month)

C. Other additions to regular rate of pay (Commission, Gratuity, etc.)

(ii) Rate of pay per 8 hour day

d. Term of Employment

e. Period of Probation

f. (i) Vacation Leave (indicate in days per annum)

(ii) Sick Leave (indicate in days per annum)

(iii) Maternity Leave

Signature of Employee

Date

Signature of Employer

Date

*(If company, please affix stamp or seal in addition to
Signature of Director)*