



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 N/A		10. Occupation		11. Period for which Permit/Exemption is required YYYY/MM/DD From 2019/04/14 To 2019/04/24			
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 N/A			
				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 N/A			
				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							
_____ YYYY/MM/DD Date				_____ Applicant's Signature			