

SAINT VINCENT AND THE GRENADINES

FIRST SCHEDULE

FORM 1

Foreign Nationals and Commonwealth Citizens

(Employment) Act, 1973

APPLICATION FOR WORK PERMIT TO BE EMPLOYED BY AN EMPLOYER.

1. Name of Applicant (surname first)
2. Date of Birth
3. Place of Birth
4. Nationality
5. Passport No.
Place of Issue
6. Address Here
7. Last Address if Applicant has lived outside the State within the past two (2) years
8. Status Single [] Married [] Divorced []
Separated [] , Widow or Widower []
9. Family relationship with any person belonging to Saint Vincent and the Grenadines
10. Date of arrival or expected date of arrival.
11. Name and address of proposed employer.
12. Occupation which applicant has followed for last two (2) years.
13. Position in which applicant seeks to be employed.
14. Qualifications, training and experience in this occupation.
15. How did applicant become aware of the position mentioned at paragraph 13.
16. Proposed period for which work permit is desired.
From To
17. Will wife or husband, children or any other member of family of applicant be accompanying or joining the applicant in Saint Vincent and the Grenadines.
18. If so, state names of wife, husband, children or family with date, place of birth and nationality.
Name Date of Birth.....
Place of Birth Nationality
19. Do you owe any Income Tax in S.V.G. (in the case of application for renewal).
(a) If yes, state amount and arrangements being made for payment.
(b) If no, give the number and date of the last receipt for payment.
20. Have you or any of your dependants ever been debarred from entering any country or deported from any country. If yes give particulars and dates.

I hereby declare that the above information is true and correct.

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Signature of Applicant

PART II

(To be completed by employer only)

- 21. Name and address of employer
- 22. Type of business or occupation carried on in Saint Vincent and the Grenadines
- 23. Date when such business or occupation started in Saint Vincent and the Grenadines
- 24. Is such business or occupation registered as a Company, Partnership or registered under the Business Names Act. Please state dates or Registration
- 25. State
 - (1) Total Number of employers employed
 - (2) Number employed in each category at (a), (b), (c) or (d)
 - (a) Managerial
 - (b) Professional
 - (c) Technical
 - (d) Otherwise
 - (3) Total number of employees belonging to Saint Vincent and the Grenadines
 - (4) Number of persons belonging to Saint Vincent and the Grenadines employed in each category at (2) above
 - (5) Number of Commonwealth Citizens employed – set out amount employed in each category at (2) above
 - (6) Number of Foreign Nationals employed – set out amount and number employed in each category at (2) above
- 26. Description of post to be followed by applicant referred to in Part I full details of duties involved.
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- 27. Proposed period for which work permit is desired
From To
- 28. Steps taken to fill the position referred to at paragraph 25.
 - (a) Advertisement
 - (1) Local
 - (2) Abroad
 - (3) Name of paper/magazine/periodical of Agency
 - (b) Use circular/or enclosure to High Commissioner
 - (c) Personal contact or introduction
 - (d) Requisition from Labour Department
 - (e) Other sources
- 29. What programme (if any) has employer instituted for training of persons belonging to Saint Vincent and the Grenadines - Give details of programme, with dates and other relevant information.
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Signature of Employer