



LABOUR DEPARTMENT

APPLICATION FOR EMERGENCY WORK PERMIT

This list is a summary of general requirements for ALL applicants. The Labour Department reserves the right to request additional information or documentation as deemed fit.

CHECKLIST OF REQUIREMENTS:

- ☐ Original application form duly completed, signed and dated by employee and employer. Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided. Applications printed double sided on cardstock or coloured paper, with blank spaces, and/or without original employee and employer signatures will not be accepted. The name of the employer listed on the application must coincide with the company name listed on the trade license. The First Schedule of the application should be submitted in triplicate and the Second Schedule in duplicate.
- ☐ How May I Contact You page. Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.
- ☐ Where the employer is a company, a stamp or seal must be printed on the application along with the signature of the manager or a representative, indicating the designation of the signatory.
- ☐ Cover letter duly signed and addressed to the Labour Commissioner, explaining the nature of the emergency and the need for the employee.
- ☐ Letter from the manufacturer/company where warranty is still valid **(where applicable)**.
- ☐ Two (2) passport size photographs of the applicant. The photographs must be in colour and taken within the past 12 months. Dimensions of photographs should be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches).
- ☐ Qualifications of applicant: degrees, diplomas, certificates, résumé, or job letters of reference, etc.
- ☐ Copy of the applicant's signature page of passport.
- ☐ Valid trade license **(current year)**.
- ☐ \$50.00 non-refundable application fee.



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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 Name: _____

Employee's Current Address: _____

Employee's Social Security No: _____

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

Employee's Email Address: _____



Government of the 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



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)