



## PART TIME/CHANGE OF EMPLOYER/CHANGE OF POSITION WORK PERMIT APPLICATION

This list is a summary of general requirements for ALL applicants. The Department of Labour and Workforce Development 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.
- Full page of two newspaper or reputable online advertisements published consecutively for two (2) weeks, with visible dates. Advertisements must list, the company name, the title of the position, valid telephone and email address, and other pertinent information as stated on the application. Published advertisements are valid up to 6 months.
- Cover letter, duly signed and addressed to the Labour Commissioner, explaining the need for the employee. The letter should also state whether there were BVIlander/Belonger applicants, and if so, the reason why none was offered employment. Copy of letter to each unsuccessful BVIlander/Belonger applicant, and each respective résumé should also be submitted.
- One (1) passport size photograph of the applicant. The photograph must be in colour and taken within the past 12 months. Dimensions of photograph 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, certifications, résumé and job letters of reference, etc. Qualification(s) listed on résumé must be verified by copies of relevant degrees, certifications and diplomas. **Documents not in English must be transcribed prior to submission.** Signed copy of contract between the employer and applicant, where applicable.
- Copy of the applicant's signature page of valid passport.
- Job Description outlining the full duties of the position.
- Letter signed by the primary employer granting permission for the applicant to obtain part time employment. **(Required from applicants seeking a part time work permit).**

- Copy of the applicant's passport page with stamp of Conditional Permit issued by the Immigration Department to seek alternative employment. **(Required from applicants changing employment or position only).**
- Valid trade license **(current year).**
- Copy of current Work Permit Card **(Required from applicants changing employment or position only).**
- \$50.00 non-refundable application fee.

**ADDITIONAL REQUIREMENTS BY INDUSTRY:**

- **Diver:** Certified PADI (Professional Association of Diving Instructors)/NAVI (Nautical Training) Certificate, Captain License, STCW Certificate
- **Charter Yacht:** STCW (Standards of Training, Certification and Watch-keeping) Certificate, Captain License/Virgin Islands Boat Masters License, Recognition of a Non-STCW Certificate from Virgin Islands Shipping Registry for Captains
- **Financial Services (Bank/Trust/Insurance):** Approval letter or certificate from Financial Services Commission
- **Agriculture/Farming:** Approval letter from the Department of Agriculture
- **Fishing:** Fishing License from the Department of Agriculture
- **Communications:** Virgin Islands Telecommunications Regulatory Commission License
- **Domestic:** Employer's proof of ability to pay employee (i.e. Job Letter stating salary or other Statement of Income)
- **Food Establishment (Restaurant/Supermarket):** License from the Ministry of Health & Social Development in accordance with the Public Health and Hygiene Regulations (1972)
- **Construction/Landscaping/Cleaning/Security:** Valid signed and dated Contracts/Letters of Intent between the company and the client(s). Signed Contracts/Letters of Intent are considered valid up to 12 months of date listed.

**ADDITIONAL REQUIREMENTS BY PROFESSION:**

- **Lawyer/Solicitor**
  - Certificate of Admission to the BVI Bar Association
  - Certificate of Good Standing
  - Practicing Certificate from BVI
- **Medical Doctor and Dentist**
  - Copy of current Certificate of Registration from the BVI Medical and Dental Council to Practice in the Virgin Islands
  - Approval letter from the Ministry of Health & Social Development
- **Allied Health Professional**
  - Copy of current Certificate of Registration from the Virgin Islands Allied Health Professional Council to practice in the Virgin Islands
- **Nurse and Nursing Assistant**
  - Copy of current registration card from the Virgin Islands Nurses and Midwives Council to practice as a Nurse and/or Midwife in the Virgin Islands
  - Copy of current enrolment card from the Virgin Islands Nurses and Midwives Council to practice as a Nursing Assistant

- **Veterinarian and Veterinarian Assistant**
  - Approval letter from the Department of Agriculture to practice as a Veterinarian or a Veterinarian Assistant in the Virgin Islands
- **Driver**
  - Copy of valid Driver's License (front and back) and/or Taxi Driver's License
- **Food Handler**
  - Food Handler's Certificate from Environmental Health Division
- **Hairdresser/Cosmetologist/Barber**
  - Certificate of completion from a reputable learning institution deeming the applicant proficient to conduct chemical processing services (i.e. hair dyeing, perming, facial hair tinting, etc.). Hair braiding services are excluded.



# 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 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)**



**ATTACHMENT TO APPLICATION**  
**UNDER SECTION F5 OF THE WORK PERMITS DIVISION**  
**OF THE BRITISH VIRGIN ISLANDS LABOUR CODE ORDINANCE, CAP. 293**  
**ADDITIONAL INFORMATION**

1. Name of Applicant .....
2. Present Address .....
3. Name of Employer ..... Tel.# .....
4. Contact Person; if other than employer:..... Tel.# .....
5. Job Title of Applicant .....
6. Address in B.V.I. where employee will live? .....
7. Is the employee provided with any of the following benefits?  
 room       board       bonus       gratuity  
 insurance       pension       Vehicle (pers. use)       other (please state below)  
.....
8. Estimated value of benefits, if any .....
9. Marital Status .....
10. Name of wife / husband .....
11. Nationality of wife / husband .....
12. Present address of wife / husband .....
13. Number of children .....
14. Age of each child .....
15. Present address of each child .....
16. If family is not in the territory, will family follow .....

.....  
Signature of Employee

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

**NOTICE TO EMPLOYERS**

You are required by section C5 of the Labour Code, to furnish your employee with a 'Statement of Employee's working Conditions'. Please submit a copy of that statement with your application. You may use the attached form as a guide.



## **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)*