



DEPARTMENT OF LABOUR AND WORKFORCE DEVELOPMENT



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



DEPARTMENT OF LABOUR AND WORKFORCE DEVELOPMENT

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



Government of the Virgin Islands



DEPARTMENT OF LABOUR AND WORKFORCE DEVELOPMENT

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 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.



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



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)*