



GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

DEPARTMENT OF IMMIGRATION

SHORT TERM WORK PERMIT APPLICATION FORM

- \$200 Processing fee (non-Refundable) is required to submit this application..
- Read Carefully. Print in BLOCK CAPITALS in **Blue** or **Black** Ink Only
- Answer **ALL** questions, indicate N/A where not applicable

Section A			PERSONAL DETAILS		
Surname		Given Name(s)			
Maiden Name		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth DD/MM/YYYY	
State the particulars of any name change unrelated to marriage					
Place of Birth (City/Town, Island)			Country of Birth		
Nationality at Birth		Current Nationality		Previous Nationality	
Passport Number		Issuing Country		Expiry date DD/MM/YY	
Have you ever been convicted of an offence? (To include convictions in any country and to include all convictions relating to traffic offences.) Give details					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Section B			ADDRESS INFORMATION		
Intended Address in The Bahamas					
Street Address/House/Apt#/Hotel Name:			P.O. Box		City
Island			Phone #: Work _____ Home _____ Mobile _____		
Home Address Outside The Bahamas					
Street Address		City/Town/ Province		Country	
Section C			WORK & EMPLOYMENT DETAILS		
Prospective Employer (Indicate if self employed)			Business Title or Job Position		
Employer's Business address (State Street, Settlement, Island)					

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DETAILS OF PREVIOUS EMPLOYMENT IN THE BAHAMAS OR ANY OTHER COUNTRIES				
Employer	Employers Address	Position	From DD/MM/YY	To DD/MM/YY
Section D JOB DESCRIPTION				
Give your reason for this request and a detailed description of the work that would be carried out.				
Commencement date DD/MM/YY		Expected duration of work. Specify day(s) /week(s)/month(s)		
Section E ADDITIONAL INFORMATION				
Indicate the date of your last visit to the Bahamas (if any): DD/MM/YY		Purpose for entering The Bahamas on your last visit: <input type="checkbox"/> Vacation <input type="checkbox"/> Work <input type="checkbox"/> Family Visit <input type="checkbox"/> Other		
Are you suffering from any contagious or infectious illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No		
APPLICATION CORRESPONDENCE ADDRESS				
The information requested below will be used for communication in relation to this application. This should be the information of the prospective employer, or their authorized agent or representative. If you are self employed or authorized to submit this application on behalf of your employer please fill in your contact information.				
Title, Given Names, Surname		Organization Name (If Applicable)		P.O. Box
City, Town, Island, State, Postal Code		Email Address		Primary phone #
Section F DECLARATION				
I hereby declare that the information given by me in this application is true and complete to the best of my knowledge. I understand that any incorrect, misleading or untrue information or the withholding of relevant information may result in rejection of this application and the revocation of any permit or current status held. I understand that the discovery of any statement which is false may render me liable to prosecution.				
Applicants Signature				
Print Name _____			Signature _____	
Date DD/MM/YY _____				

