



WORK PERMIT APPLICATION FORM

- You must be **18 years** or older to apply.
- \$200 Processing fee (non-Refundable)
- Read carefully and print in **BLOCK CAPITALS** in **Blue or Black** ink only. Answer **N/A** where not applicable.

Section A						APPLICANT'S PERSONAL & PASSPORT 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/ Province)		Country of Birth		Current Nationality					
Other Nationality		Nationality at Birth		Current Occupation					
Passport Number		Issuing Country		Expiration Date DD/MM/YY					
Give details of any previous criminal convictions in any country. (Include all convictions relating to traffic offences.)									
Section B						MARRIAGE & SPOUSE DETAILS			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed									
Place of Marriage (City/Town and Country)				Date of Marriage DD/MM/YY					
Surname				Given name(s)					
<input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality		Date of Birth DD/MM/YYYY					
Section C						FAMILY DETAILS			
Mother's Surname		Mother's Given Name		DOB DD/MM/YY		Nationality			
Father's Surname		Father's Given Name		D.O.B DD/MMYY		Nationality			
PARTICULARS OF DEPENDANT(S) RESIDING IN THE BAHAMAS									
NOTE: A Permit to Reside application must be submitted for all dependants residing with you.									
Surname		Given Name(s)		DOB DD/MM/YY		Relationship		Duration	
								FROM: TO:	
Section D						ADDRESS INFORMATION			
Local Address/Intended Address in The Bahamas									
Street Address including House/Apt #			City/Town/Settlement		Island				
Email Address			Phone Number(s) Home_____ Mobile_____ Work_____						
Type of Accommodation: <input type="checkbox"/> Home Owner <input type="checkbox"/> Rental <input type="checkbox"/> Other									
Will your accommodation be provided by your Employer/Sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Home Address Outside of The Bahamas					
Street Address		City/Town		Country	
Indicate below where you have lived within the past five (5) years					
Country		City/Town/Settlement/		From DD/MM/YY To DD/MM/YY	
Section E PARTICULARS OF CURRENT OR PREVIOUS EMPLOYMENT IN THE BAHAMAS OR ANY OTHER COUNTRIES					
Employer		Employers Address		Position	
				Duration of Employment	
				From (DD/MM/YY) To (DD/MM/YY)	
Section F EDUCATION					
PARTICULARS OF HIGH SCHOOLS, COLLEGES OR UNIVERSITIES PREVIOUSLY ATTENDED					
INSTITUTION		ADDRESS		Duration of Attendance	
				From DD/MM/YY To (DD/MM/YY)	
Section G QUALIFICATIONS					
List below any qualifications relative to the position applied for (e.g. Degree, Certification) and submit with this application.					
Certificate		Issued by		Date Awarded	
Section H HEALTH					
Are you in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been vaccinated against any small pox, polio? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you stated that you are not in good health, briefly state any illness or injury you have.					
Section I ADDITIONAL INFORMATION					
What is the name of your intended Employer?		What is your proposed job title/position?			
Indicate the date of your last visit to The Bahamas: 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 <input type="checkbox"/> N/A			
State the particulars of any type of status you previously sought to obtain from the Department of Immigration (whether approved or refused). State the name of the person or organization that made the application on your behalf.					
List the details of any immediate family member(s) currently residing in The Bahamas.					
Surname		Given Name(s)		Age	
				Relationship	
				Duration	
				FROM: TO:	

Section J			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 also understand that the discovery of any statement which is false may render me liable to prosecution.					
Applicants Signature					
Print Name_____			Signature_____		
			Date _____		
Section K			PREVIOUS PLACE(S) OF RESIDENCE WITHIN THE PAST 5 YEARS		
PROSPECTIVE EMPLOYER INFORMATION					
Company Name/ Business Name/ Individual Employer					
Business Licence #		NIB Number		Tax Identification Number (TIN)	
Postal Address		Email Address (For notifications relative to this application)			
Section L			ADDRESS INFORMATION		
Provide details relative to the location of your Company/Business/Home. Individual employers should give detailed directions and description of home inclusive of subdivision, street name and house or apartment number.					
Spouse’s Full Name (Applicable to individual employers only)			Give details of living arrangements for prospective employee		
Are you responsible for housing your prospective employee and their children/spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you responsible for the education of your prospective employee’s child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide the following details relative to the applicant’s employment in the space provided below. 1. What is their proposed job description inclusive of particular duties and responsibilities? 2. Outline any unique circumstance or special need that may support your request. NOTE: Provide a typed cover letter addressed to the Director of Immigration ONLY IF the space provided is insufficient.					
Proposed period of Employment for prospective employee			Proposed salary, commission (weekly, monthly or yearly)		
Explain any efforts made to find a Bahamian to fill the vacancy and if you plan to train a Bahamian for the job.					

Section M

VERIFICATION AND NOTARIZATION

I/We (Employer or Authorized Agent’s name) _____ of (Business,
company/ organization/Physical address) _____ verify the application for a Work
Permit to employ Mr/ Miss/Mrs/Ms/Dr. _____ as a (state job title)
_____.

Signature_____ Date_____

Dated the _____ day of _____ 20_____

Declared before me this _____ day of _____ 20_____

Commissioner of Oaths, Notary Public, Justice of the Peace

\$10.00 STAMP

BAHAMIAN POSTAL STAMP