

FIRST SCHEDULE

Reg. 3

FORM 1

APPLICATION TO RESIDE OR TO ENGAGE IN GAINFUL OCCUPATION

Note:

A Applicant wishing to engage in gainful occupation is requested to complete the whole form and to submit with this application the following:

- (a) Two (2) passport size photographs with signature on reverse of prints
- (b) Police certificate covering five years residence
- (c) Medical certificate dated not earlier than 30 days before this application
- (d) Written references from previous employers
- (e) Copies of any certificate of examinations referred to in this application
- (f) Letter from prospective employer with:
 - I. certificate from Ministry of Labour with Notification of Vacancy
 - II. copies of newspaper advertisement with replies thereto and results of interview, if any.

B Applicant NOT wishing to engage in gainful occupation is requested to complete questions 1 to 20 and 30 to 35 of this form and to submit with this application the following:

- (a) Two (2) passport size photographs with signature on reverse of prints
- (b) Police certificate covering five years residence
- (c) Medical certificate dated not earlier than 30 days before this application
- (d) Two (2) testimonials of good character.

PERSONS INTENDING TO RESIDE OR TO ENGAGE IN GAINFUL
OCCUPATION MUST BE IN POSSESSION OF A VALID PASSPORT

- Mr.
Mrs.
- 1 Full Name Miss _____
 - 2 Place of Birth _____
 - 3 Date of Birth _____
 - 4 Present Nationality _____
 - 5 Previous Nationality _____
 - 6 Particulars of any change of name _____
 - 7 Home Address _____

 - 8 Single, Married, Divorced _____
 - 9 Full name of wife/husband _____
 - 10 Nationality of wife/husband _____

11 Particulars of children under 18 years of age as follows:

NAME	DATE OF BIRTH	PLACE OF BIRTH

12 Profession or occupation _____

13 Particulars of income while in The Bahamas _____

14 Financial reference _____

15 Whether accompanied by wife/husband _____

16 Whether accompanied by children _____

17 Particulars of Passport (number, place and date of issue). _____

18 Date of first arrival in The Bahamas _____

19 Date of arrival in The Bahamas in relation to the present application _____

20 Local address _____

21 Particulars of previous employment in The Bahamas:

Employer	Employer's Address	Position Held	Duration of Employment

22 Particulars of employment elsewhere:

Employer	Employer's Address	Position Held	Duration of Employment

23 Purpose for entering The Bahamas _____

24 Particulars of salary, commissions, etc. or other benefits to be received in relation to this application (state amounts)

25 Schools attended:

Name of School	Address of School	Dates	
		from	to

26 Public examinations taken and results while at school:

Examination	Date	Result

27 University or Higher Education Centre attended:

Name of School	Address of School	Dates	
		from	to

28 Public examinations taken and results while at University or Higher Education Centre:

Examination	Date	Result

29 Qualifications held (eg. Degree, Certificate, etc. with dates awarded) _____

30 Are you in good health? _____

31 What serious illness, operation or injuries have you had? _____

32 If answer to Question 31 is in the affirmative, are you completely recovered? _____

33 Have you been vaccinated against smallpox? _____

34 In what countries have you lived in the past three years, and where have you been staying in the past two weeks?

35 Have you been convicted of an offence? (To include convictions in any country, and to include all convictions relating to traffic offences.) State Yes or No. _____

36 If Yes, give full details of the offence(s), the penalty, the court in which you were convicted and the date.

I certify to the best of my knowledge and belief that the information given in the application is correct. I understand that the discovery of any statement which is false in a material particular may render me liable to prosecution.

Signature _____

Date _____

Dated the _____ day of _____ 20_____

Declared to before me this

_____ day of _____ 20_____

Commissioner of Oaths, Notary Public, Justice of the Peace



FOR OFFICIAL USE ONLY

A large, empty rectangular box with a black border, occupying the bottom half of the page, intended for official use.



WORK PERMIT APPLICATION ADDITIONAL

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	
Place of Birth (City/Town/Province)	Country of Birth	Nationality at Birth	
Current Nationality	Previous Nationality	National Insurance No (if any)	
Passport Number	Place of Issue	Date of Issue DD/MM/YY	Date of Expiry DD/MM/YY

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	

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:

List the details of any immediate family member(s) currently residing in The Bahamas.

Surname	Given Name(s)	Age	Relationship	Duration:
				FROM: TO:

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: Own Home Leasing Rental Other

Is your accommodation provided by your Employer/Sponsor? Yes No

GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

HEALTH

Are you in good health? Yes No Have you been vaccinated against any small pox, polio? Yes No

If you stated that you are not in good health, briefly state any illness or injury you may have.

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:
 Vacation Work Family Visit Other 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.

Proposed period of Employment for prospective employee Proposed salary, commission (weekly, monthly or yearly)

Explain any efforts made (if any) to find a Bahamian to fill the vacancy and if you plan to train a Bahamian to do so.

PROSPECTIVE EMPLOYER INFORMATION

Company Name/ Business Name/ Individual Employer Telephone #

Business License # NIB Number Tax Identification Number (TIN)

Postal Address Email Address (For notifications relative to this application)

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 the 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: DD/MM/YY _____

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 Full Name (Applicable to individual employers only) Give details of living arrangements for proposed employee

Are you responsible for housing your prospective employee and their children/spouse? Yes No Are you responsible for the education of your prospective employee's child/children? Yes No

GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

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 you feel would support your request.
3. Explain any efforts made to find a Bahamian to fill the position.

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 (if any) to find a Bahamian to fill the vacancy and if you plan to train a Bahamian to do so.

APPLICATION TO RESIDE OR ENGAGE IN GAINFUL OCCUPATION
EMPLOYER'S INFORMATION SHEET

DATE:

FILE NO.: IMM/

1. NAME OF EMPLOYER: _____

2. SPOUSE: _____

3. PLACE OF EMPLOYMENT _____

4. TELEPHONE CONTACT: HM _____ WK _____ CELL _____

EMAIL _____

SPOUSE: HM _____ WK _____ CELL _____

5. POSTAL ADDRESS: _____

6. NUMBER OF CHILDREN IN THE HOUSEHOLD: _____

7. DETAILED DIRECTIONS & DESCRIPTION OF HOME ADDRESS: _____

8. LIVING ARRANGEMENTS FOR PROPOSED EMPLOYEE: _____

9. ARE YOU WILLING TO BE RESPONSIBLE FOR:

(a) HOUSING FOR EMPLOYEE'S CHILDREN/SPOUSE: YES: _____ NO: _____

(b) SCHOOLING OF EMPLOYEE'S CHILD / CHILDREN: YES: _____ NO: _____

SIGNATURE OF EMPLOYER: _____

DATE: _____