

This Section will be completed  
by Admin

dates and other relevant information.

10. State description of post to be filled by applicant referred to in First Schedule #13, (attach a copy of detailed job description).

11. Proposed period for which work permit is desired

From..... To.....

12. Do you owe any statutory contributions in Antigua & Barbuda (in the case of application for renewal).

(a) If yes, state amount and arrangements being made for payment

(b) If no, give the number and date of the last receipt for payment

I hereby declare that the above information is true and correct.

Signature of Employer

Business Stamp or Seal

Date

#### For Official Use:

Tick the appropriate box:

New ( )

Renewal ( )

Change of Employer ( )

Date received

Comments

Name of processing Officer

4

#### FIRST SCHEDULE

Application under section F5 of WORK PERMIT DIVISION of the Antigua & Barbuda Labour Code

#### APPLICATION FOR WORK PERMIT TO BE EMPLOYED BY AN EMPLOYER

1. Name of Applicant (in capital letters)

Surname Name

First Name

Middle Name

Gender (Male)

(Female)

(Other)

Contact #

your number

Not Needed

Social Security #

2. Date of Birth

3. Place of Birth

4. Nationality

5. Passport #

Place of Issue

Date of Issue

Expiry Date

6. Address in Antigua & Barbuda

your Address

7. Last Address if Applicant has lived outside the State within the past two (2) years

8. Status

Single ( )

Married ( )

Divorced ( )

Separated ( )

Widow or Widower ( )

9. Are you related to any Citizen of Antigua & Barbuda

Yes ( )

No ( )

If Yes, state relation

10. Date of arrival or expected date of arrival

Date of 1st Arrival

11. Name and address of proposed employer

AUA College of Medicine

12. Occupation which applicant has held for last two (2) years

Self exp.

13. Position in which applicant seeks to be employed

lecturer at AUA

14. Qualifications, training and experience in this occupation

Self exp.

15. How did applicant become aware of the position mentioned at #13

AUA website Higher Education

PHOTOGRAPH

2 passport  
size photo

This section will be completed  
by Admin.

16. Proposed period for which work permit is desired.

From ..... To .....  
(date after) (date before)  
(up expires) (up expires)

17. Will any other family member be accompanying or joining the applicant in Antigua & Barbuda.

If yes state: .....

NAME	DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY	RELATION

18. Have you or any of your dependants ever been debarred from entering any country or deported from any country.

If yes, give particulars and

dates: .....

Thereby declare that the above information is true and correct.

Signature of Applicant .....

Date .....

Sell  
Exp.

# SECOND SCHEDULE (TO BE COMPLETED BY EMPLOYER ONLY)

- Name of Employer: .....
- Name of Business: .....
- Business address and contact #: .....
- Nature of Business: .....
- Is Business registered as a Company, Partnership or Sole Proprietorship under the Business/ Company Registration Act. ....
- Please state dates of Registration: .....
- State: (i) Total Number of employees employed: .....  
(ii) Number employed in each category below: .....

MANAGERIAL	PROFESSIONAL	TECHNICAL	OTHER

- (iii) Total Number of employees who are citizens of Antigua & Barbuda: .....
- (iv) Number of persons employed in each category at (ii) above who are citizens of Antigua & Barbuda: .....
- (v) Number of Non Nationals employed in each category at (ii) above: .....
- Steps taken to fill the positions referred to at #7 (ii)
  - Advertisement (1) Local: .....  
(2) Abroad: .....
  - Name of paper/magazine/periodical of Agency: .....  
(attach a copy of the Advertisement)
  - Was vacancy advertised with the Labour Department: .....
  - Other sources: .....
- What programme has employer instituted for training citizens of Antigua & Barbuda give details of programme with