

FORM 1

Government of Anguilla MINISTRY OF LABOUR WORK PERMIT APPLICATION

(General or Temporary)

Attach 2 photos here.

This application contains 2 documents:

- Application Form; and
- Basic Outline of Employee's Terms and Conditions.

1.	Indicate the category of work permit applied for: a) general b) temporary (general)
2.	Name of work permit holder:
•••	
3.	Name of position to be occupied by work permit holder:
4.	How long do you want a work permit for?; Expected start date:
5.	Name of employer:
6.	Contact information of employer:
	email:
	cell or tele:/
	Address:
	- The first tenth of the state
7.	Is the employee a family member of the employer? $Y \square N \square$.
8.	If yes, what is the relationship?
9.	Place of employment (if different to employer):
	email:/
	cell or tele:/
	Address:
	A Commonweal and Assertance
10	. How did you make contact with the employee?

Qualifications and experience:	
Relevant qualifications and year attained	Name of Institution

Act No. 14/2018	Work Permit Regulations, 2023	R.A. 33/2023
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	particular and the second and the se	
If the above is not applicable	then indicate previous work experience:	
if the above is not applicable	then indicate previous work experience	

		•••••
Previous employers for last 5	years:	
Employer's name	Address and contact information Position he	eld

6. Please indicate the immig	ration status applicable to the applicant:	
□ not on island;		
☐ on island – visite☐ on island – temp		
	g with a person who has a work permit/residence stamp	holder/government
worker;	7d A 200	
	g with Anguillian as spouse or partner;	
on island – other	r – explain:	
7 Has the applicant been ar	anted previous work permits? \square Y \square N. If yes, then in	
***************************************	VIOLENIE VI	
8. Has a work permit been d	enied to the applicant by Government of Anguilla?	✓ □N. If yes, indicate
when and why:		
	ny contagious disease? Y□ N□.; If yes, provide details	

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Act No. 14/2018	Work Permit	Regulations, 2023	R.A. 33/202
			2011. 001202
10. In the past 10 years, I	has the applicant been cor	wicted of any criminal of	offence for which a sentence of
imprisonment was impose	ed - in any jurisdiction?	IY □N. If yes, provide	the following details:
Date	Offence		Sentence

11. Does the Applicant h details of this:	ave an outstanding arrest	warrant in any country?	Y□ N□.; If yes, provide

12. Has the Applicant even	er been restricted from en	tering any country or de	eported from any country?
Y□ N□. If yes, provide of	details:		
Date	Country	Sente	nce

	DEP	ENDANTS	
Fill in the information	on for the persons who wi	ill be residing with you f	for duration of work permit.
SPOUSE or PARTNER		\square M \square F	
Name	Marital status	Nationality	Age
	single□ or marr	ied□	
CHILDREN			
Name		Nationality	Age



Part 2

GENERAL TERMS AND CONDITIONS FOR WORK PERMIT HOLDERS

This document is to be filled out by the employer	and is used for the protection of the employee
The Labour Department will forward a copy of this	s document to a prospective work permit holder
Name of Employer:	
Name of Business:	
Name of Employee:	
Position to be held:	
Start date:	
End date:	
Amount of salary/wages:	
Time when salary/wages will be paid:	
Hours/days an employee will work:	
Weekly periods of rest:	
	71.5 (C) (nation)
Daily breaks and how long:	
• Lunch: time:;]	now long:
General breaks: time:	now long:ow long:
Amount of holidays per year:	
Do you require the employee to pay 50% of the work pe	rmit fee? □Y □N. If yes, then indicate the
Will you be covering the travel to Anguilla? \Box Y \Box N.	
arrangements: Flight information and cost:	
s there a travel allowance to facilitate arrival to Anguilla	a? □Y □N. If yes, then indicate the amount:

Does thi and who	s employee require a visa to travel to Anguilla DY DN. If yes, then indicate the cost of the visa is going to pay for it:
Other Bo	enefits:
•	Housing: □Y □N; if yes then indicate either the allowance amount and time of payment:OR
	state the location of the house provided:
	OR
	describe the room and board if the person is living-in:
•	Transportation: \Box Y \Box N; if yes then indicate either the allowance amount or indicate whether a vehicle or car service will be provided:
•	Health insurance: □Y □N
•	Pension: $\square Y \square N$
•	Gratuity:□Y □N
•	Bonuses□Y □N
•	Profit sharing ☐Y ☐N
•	Stock options□Y □N
1 Miles	Other: DY DN

NOTES:

- A work permit holder has the right to keep in his or her possession their travel and identity documents such as their passport and return ticket.
- An employer cannot dictate the movements of an employee after working hours.
- An employee does not have to give an account of their personal time to an employer.
- An employer cannot unilaterally change the terms and conditions of an employee or force an
 employee to perform tasks not in-keeping with the position held.

DECLARATION

I declare that the information provided by me in this application is true to the best of my knowledge and belief.

I understand that any incorrect, misleading or untrue information or the withholding of any relevant information may delay the processing of the work permit or may result in the application being denied.

Name of employer/employer's representative	:			
Signature of employer/employer's representat	tive:			
Position held:				
	Date:	/		
				no Apparent
				and the same of th
		{If a Compar	ny, Place Company	Stamp here}

FOR OFFICIAL USE

FOR OF	FICIAL USE	
Application Received Date:		
Rec'd #:		
Work Permit Processing Fee #:		
LMIS #:	A CANADA	
Work Permit Registration #:	## 100 A COLUMN A COL	
Social Security Check:		
Immigration Check:	milyer case (inches)	
Background Check:		
Work Permit Application Fee/Range: \$		
Fee Determined by Minister: \$		
	Paym	nent Stamp
Application approved/ refused		
Signature:		

Minister of Labour

Date: