

THE IMMIGRATION ACT (CAP. 190)

FORM
C - 2

APPLICATION FOR WORK PERMIT OF EXTENSION OF A WORK PERMIT
JOB OFFER FOR NON-IMMIGRANT EMPLOYMENT

READ THIS NOTICE BEFORE COMPLETING FORMS

Any person who in the preparation of this form, or any supplement thereto knowingly withholds or furnishes false information concerning the Non-immigrant, or his prospective employment including such matters as wages, hours or the occupation in which a Non-immigrant will be employed is guilty of an offence under the Immigration Act, Cap. 190 and will be prosecuted to the full extent of the law.

IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM

Print legibly in ink or use a typewriter. If you need more space to answer fully any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.

Photograph
5cm X 5cm

IN SUPPORT OF THE APPLICATION FOR ADMISSION OF

1. NAME OF NON-IMMIGRANT

Family name (in capital letters) First name Middle name Maiden name

2. PRESENT ADDRESS OF NON-IMMIGRANT

Number and Street City and Town State & Zip Code, Country or Province

3. TYPE OF VISA
(If in Barbados)

NOTE: Do not employ a Non-Immigrant who cannot show authorization to work stamped or endorsed in his/her passport or in the form of a permit.

THE FOLLOWING INFORMATION IS SUBMITTED AS EVIDENCE OF AN OFFER OF EMPLOYMENT

4. NAME OF EMPLOYER (Full name of organisation)

5. TELEPHONE
(Area Code & No.)

6. ADDRESS Number and Street City or Town Country State Zip Code

7. ADDRESS WHERE NON-IMMIGRANT WILL WORK (If different from item 6)

8. SIZE OF ORGANISATION
Annual Sales or Income
\$

Total No. of employees

9. BRIEF NON-TECHNICAL DESCRIPTION OF THE NATURE OF EMPLOYER'S BUSINESS OR ACTIVITY

10. Capital formation of Company
Share Capital
No. of shares
Percentage owned by Citizens
of Barbados
Permanent Residents
Immigrants
Non-Immigrants
Whether subsidiary or Affiliate of Foreign-based Company:
 Yes No
Name of Parent Company (if any)

11. NO. OF EMPLOYEES WHO PERFORM SAME WORK AS NON-IMMIGRANT

12. NO. OF EMPLOYEES AT PLACE WHERE NON-IMMIGRANT WILL WORK

■ ■ Complete items 13 & 14 only if job is temporary

13. IF SEASONAL JOB, ENTER MONTHS THAT JOB STARTS AND ENDS
From To

14. EXACT DATES YOU EXPECT TO EMPLOY NON-IMMIGRANT
From To

15. NO. OF OPENINGS TO BE FILLED BY NON-IMMIGRANTS UNDER THIS JOB OFFER

16. WOULD YOU HIRE A QUALIFIED BARBADIAN WORKER IF AVAILABLE Yes No

17. DESCRIBE EFFORTS YOU HAVE MADE TO FILL THE JOB

18. DESCRIBE HOW YOU LEARNED THAT NON-NATIONAL (S) NAMED WAS AVAILABLE *(If by advertisement, attach copies of Newspaper.)*

19. NON-IMMIGRANT NAMED EMPLOYED BY ME					20. PREVIOUS WORK PERMIT RECEIVED		
Currently	Date started				No. of Work Permits received	Date of most recent	
Previously	Date left <i>(if any)</i>						

21. NO. OF NON-IMMIGRANT(S)	ENDORSEMENT <i>(Make no entry in this section - for Government agency use only.)</i>
22. NO. STILL ON THE JOB	
23. DATE FORMS ARE RECEIVED AS ACCEPTABLE FOR PROCESSING	

24. NAME OF JOB OFFERED

25. IS THERE EITHER A LABOUR DISPUTE EXISTING OR A LABOUR CONTRACT BEING NEGOTIATED? YES NO

26. IF THE JOB IS UNIONIZED:
 Name _____ Address _____

27. TOTAL HOURS PER WEEK		28. RATE OF PAY <i>(Per hour, week, etc.)</i>		ADDITIONS TO BASIC RATE OF PAY <i>(Commission, piece rate, etc.)</i>
BASIC	OVERTIME	BASIC	OVERTIME	
		\$ PER	\$ PER	

29. DESCRIBE FULLY THE JOB TO BE PERFORMED *(If Non-Immigrant is required to live at work)*
 DUTIES

EQUIPMENT OPERATED _____ WORKING CONDITIONS _____

30. STATE IN DETAIL THE **MINIMUM** REQUIREMENTS FOR WORKER TO PERFORM SATISFACTORILY THE JOB DUTIES DESCRIBED.

EDUCATION (Enter number of years)

PRIMARY	SECONDARY	COLLEGE	UNIVERSITY	SPECIFY UNIVERSITY DEGREE REQUIRED	MAJOR FIELD OF STUDY
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TRAINING NUMBER OF YEARS OR MONTHS

TYPE OF TRAINING (Specify vocational preparation, such as apprenticeship, trade school or other training required)

EXPERIENCE NUMBER OF YEARS OR MONTHS IN JOB BEING OFFERED

OR NUMBER OF YEARS OR MONTHS IN RELATED OCCUPATION ..
RELATED OCCUPATION (Specify)

31. SPECIFY ANY OTHER SPECIAL REQUIREMENTS

32. OCCUPATIONAL TITLE OF PERSON WHO WILL BE NON-IMMIGRANT'S IMMEDIATE SUPERVISOR

33. TYPE AND DEGREE OF SUPERVISION NON-IMMIGRANT WILL RECEIVE

34. NUMBER OF OTHER EMPLOYEES NON-IMMIGRANT WILL SUPERVISE

35. HAVE YOU FULLY INFORMED NON-IMMIGRANT OF JOB DUTIES, RATE OF PAY, AND TERMS OF YOUR JOB OFFER Yes No

36. DECLARATIONS

DECLARATION OF EMPLOYER: Under penalties of fine and imprisonment, I declare that I have examined this application, supplements thereto, and all accompanying documents, and to the best of my knowledge and belief the information presented thereon is true, correct and complete.

SIGNATURE

DATE SIGNED

NAME (Type or print)

TITLE

DECLARATION OF AGENT OF EMPLOYER (If prepared by, or if assistance in preparation is provided by person other than employer):

I declare that the contents of this application, supplements thereto, and all accompanying documents are based on all information of which I have any knowledge.

SIGNATURE

DATE SIGNED

NAME (Type or print)

ADDRESS

INSTRUCTIONS FOR COMPLETION OF FORM C

Applicants wishing to employ persons are requested to submit in respect of the respective employee, two (2) completed copies of this form to the Permanent Secretary, Defence and Security Division along with the following:

- (a) The official receipt of the Accountant General evidencing payment of the fee prescribed as payable on application for a work permit;
- (b) Four (4) photographs of the prospective employee;
- (c) A Police Certificate of character;
- (d) Two (2) written character references;
- (e) In cases of extension, a Tax Clearance Certificate from the Commissioner of Inland Revenue.

Instructions for numbered Items requiring explanation are as follows:

Item 14 – Identify in this Item all educational facilities, including trade or vocational schools, attended by Non-Immigrant that will give evidence of occupational ability based on education and training.

Item 15 – Entries in this Item should be related to the occupation listed in Item 13 and should help establish the Non-Immigrant qualifications for working in that occupation. Appropriate entries include any unusual occupational knowledge or abilities such as the ability to speak, read and write languages other than those of the Immigrant's native country.

List any licences held by the Non-Immigrant which give evidence of proficiency in a profession, trade or occupation.

Item 16 – Supporting Documents: Identify the documents submitted with this form as evidence of the Non-Immigrant qualifications. Documentary evidence includes:

- (i) certified copies of school records showing period of attendance, major field of study and degrees or diplomas awarded;
- (ii) copies of licences or other official permission granted to the Non-Immigrant to practise a trade or profession in a country which has found the Non-immigrant to be qualified;
- (iii) Affidavits or published material are recommended as evidence of the Non-Immigrant's technical training or specialised experience.
 - (a) Affidavits must be signed and dated by someone familiar with the Non-Immigrant's work, such as former employers or recognised experts;

- (b) Affidavits must identify the applicant showing the capacity in which he is testifying; show the place and dates of the training or experience involved; and specify the details of duties performed, tools and equipment used, and supervision given and received;

- (c) Published material by or about the Non-Immigrant may be submitted, if it is identified by name, address, and date of publication.

(iv) Rules for Documents –

- (a) May be submitted in the original; no additional copies required;

- (b) If return of original is desired, it may be accompanied by a photostatic or typewritten copy, provided that such copies are permitted by law. (Do not make copies of a certificate of naturalization or citizenship);

- (c) Photostatic copies not accompanied by the original may be submitted, provided that they are certified by a Notary Public as identical to original;

- (d) Documents not in the English Language must be accompanied by a translation, certified by the translator as to the accuracy of the translation and his competency to translate.

Item 17 – List all work experience of the Non-Immigrant for the past three (3) years. In addition, list any other jobs which provided work experience which can be related to the occupation entered in 17. Job descriptions should include specific details of the work performed, with emphasis on skills and knowledge required, services rendered, managerial or supervisory functions performed, materials or products handled, and machines, tools and equipment used or operated. Describe responsibilities assigned.

Item 19 – All copies of this form must bear original signatures of the parties involved, and the dates signed. When no agent of the Non-Immigrant is involved, the Non-Immigrant must sign and date all copies. If an agent of the Non-Immigrant signs, dates, and otherwise completes the "DECLARATION OF AGENT OF NON-IMMIGRANT" portion, no signature of the Non-Immigrant is required. An agent acting on behalf of the Non-immigrant must sign, date and complete the designated spaces in this Item, regardless of whether or not the Non-Immigrant signs the form.
(The employer of the office named above, as appropriate, will advise the Non-immigrant regarding certification action.)