



**Ministry of Public Health,
Social Development & Labor**
Department of Labor Affairs

VACANCY FORM

SECTION 1: COMPANY INFORMATION

Name of Company/ Business:	
Doing Business As:	
Labor Sector/ Industry:	
Crib Number:	
Address:	
Telephone Number:	
Fax Number	
Contact Person:	
Position:	
Email Address	
Telephone Number	
Cell Number	



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SECTION 2: VACANT POSITION DESCRIPTION

Position (job) Title:	
Total # Vacancies for this position (job):	
Is this vacancy in connection with an Employment Permit? If so, indicate which type:	<input type="checkbox"/> First Request <input type="checkbox"/> Renewal <input type="checkbox"/> Change
Information of non-national	Last Name(s) : First Name(s) : Crib No. :
Job Description (attach)	Job Description must include details on tasks, responsibilities, scope of authority of the job, and general requirements to complete job (e.g. physical excretion etc).
Required Education:	<input type="checkbox"/> Associates <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <input type="checkbox"/> Vocational/ Trade <input type="checkbox"/> Masters <input type="checkbox"/> Specialized Certification in _____ <input type="checkbox"/> Doctorate <input type="checkbox"/> No education required
Training Available:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Required Years of experience	<input type="checkbox"/> 0 – 5 years <input type="checkbox"/> > 5 years



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<p>Work hours:</p> <p>Please indicate the total hours per week</p>	<p><input type="checkbox"/> Full time: _____</p> <p><input type="checkbox"/> Part-time: _____</p> <p><input type="checkbox"/> On Call: _____</p>
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SECTION 3: COMPENSATION & BENEFITS

<p>Gross Salary Range:</p>	<p><input type="checkbox"/> hourly amount _____</p> <p><input type="checkbox"/> daily amount _____</p> <p><input type="checkbox"/> weekly amount _____</p> <p><input type="checkbox"/> monthly amount _____</p>
<p>Performance Based:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>- Merit increase & Cost of Living increase per year.</p>
<p>Secondary Benefits</p>	<p><input type="checkbox"/> Medical coverage <input type="checkbox"/> Pension Plan</p> <p><input type="checkbox"/> Child Allowance <input type="checkbox"/> Vacation Allowance</p> <p><input type="checkbox"/> Uniform <input type="checkbox"/> December Bonus</p>
<p>Contract Type</p>	<p><input type="checkbox"/> Six months contract <input type="checkbox"/> one-year contract</p> <p><input type="checkbox"/> other _____</p>



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SECTION 4: AUTHORIZATION & AGREEMENT

DATE: _____

I, _____, do certify that the information provided in this vacancy form is completed truthfully and accurately, and that the vacancy mentioned constitutes a true vacancy within the business. Moreover, I acknowledge and fully understand that submission of this vacancy form constitutes the company's , full adherence to the process to source local nationals to the Labor Market. I also understand that as per article 9 of the LAV (A.B 2013 GT no.73), adherence to the job placement process will serve evidence of the company's intention to dutifully source local nationals. Finally, if this vacancy form is submitted in compliance with the legislation governing work permit requests, I understand that this application and the submission thereof, in no means should be interpreted as a waiver to the process of sourcing local nationals to the labor market. Finally, I understand that failure to provide accurate and truthful information may lead to undesirable consequences, not excluding legal fines and prosecution.

Signatures:

**Customer
Business Representative**

Case Worker