

EMPLOYER INFORMATION SHEET

****Only one [1] Model 1A form is necessary per organization for any number of employees****

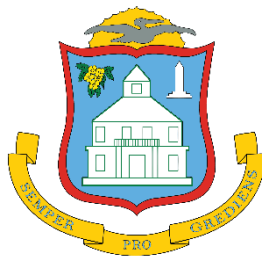
SECTION 1: CONTACT INFORMATION OF PROVIDER/ BUSINESS OWNER/ SPONSOR:

I. INFORMATION RELATED TO PROVIDER / BUSINESS OWNER / SPONSOR			
Name of Company/Business:		D.B.A.:	
Crib No.:		C.O.C No.:	
Labor Sector / Industry:			
Street Address:			
City:		State:	
Country:		Telephone No.:	
Business Email:		Mobile No.:	
II. CONTACT PERSON			
Last Name:		First Name[s]:	
Position / Job Title / Role:		Email Address:	
Street Address:			
City:		State:	
Country:		Telephone No.	
Mobile No.:		Business Email:	

SECTION 2: VACANCY DETAILS FROM PROVIDER/ BUSINESS OWNER/ SPONSOR:

III. If applicant will be employed by a business, sponsor, or organization, please complete below			
Vacancy Registration Date:			
Critical Vacancy: <i>(Please check)</i>	<input type="radio"/> Yes <input type="radio"/> No		
Position (Job) Title /Function:			
Contract Type:	<input type="radio"/> Six [6] months contract; <input type="radio"/> One [1] year contract; <input type="radio"/> Permanent contract; <input type="radio"/> Other _____		
Required Years of Experience: <i>(Please circle)</i>	0-3 Years	3-5 Years	5+ Years
Work hours required: <i>(Please circle)</i>	Full Time	Part-Time	On Call
Address of the Work place:			

<p>Required qualification, diploma's, certificates, and experiences necessary for work to be performed:</p>	<ul style="list-style-type: none"> <input type="radio"/> High School or General Equivalency Diploma <input type="radio"/> Vocational / Trade Degree <input type="radio"/> Associates Degree in _____ <input type="radio"/> Bachelor Degree in _____ <input type="radio"/> Master Degree in _____ <input type="radio"/> Specialized Certification in _____ <input type="radio"/> Doctorate Degree in _____ <input type="radio"/> No Education in possession
<p>IV. COMPENSATION & BENEFITS</p>	
<p>Gross Salary Amount: (Please specify currency)</p> <p><i>Please check appropriate option</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Hourly _____ <input type="radio"/> Daily _____ <input type="radio"/> Weekly _____ <input type="radio"/> Monthly _____ <input type="radio"/> Yearly _____
<p>Secondary Benefits:</p> <p><i>Please check appropriate option</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Medical Coverage <input type="radio"/> Pension Plan <input type="radio"/> Child Allowance <input type="radio"/> Vacation Allowance <input type="radio"/> Uniform <input type="radio"/> December Bonus <input type="radio"/> Other _____



EMPLOYEE APPLICATION FORM

****Multiple Model 1B Forms can be submitted with a single Employer Model 1A Form****

SECTION 3: CRITICAL INFORMATION PERTAINING TO THE FOREIGN APPLICANT

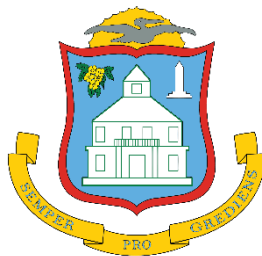
Please fill out this form for every applicant participating in this project

V. PERMIT APPLICATION TYPE (Circle one)			
First [1] Time	Renewal		Change
VI. FOREIGN NATIONAL PERSONAL DETAILS			
Last Name:		First Names [s]:	
Gender:		Civil Status:	
Date of Birth:		Place of Birth:	
Passport No.:		Place of issuance:	
Nationality:		Crib No.:	
VII. CONTACT INFO FOREIGN NATIONAL (If abroad enter address of residing country)			
The foreign-national:	<input type="radio"/> is currently not on Sint Maarten; <input type="radio"/> is currently on Sint Maarten; and resides at: _____, District, _____.		
Permanent Address Abroad:			
City / Town:		State / Parish:	
Country:		Zip Code:	
Telephone No.:		Mobile No.:	
Email:			
VIII. CURRENT LEGAL STATUS			
In possession of:	<input type="radio"/> Labor Permit, No. _____, expiring on _____ (date). <input type="radio"/> Resident Permit, No. _____, expiring on _____ (date). <input type="radio"/> Not in possession of a Labor Permit		
IX. EDUCATIONAL BACKGROUND (Please check off the appropriate educational background)			

In possession of:	<input type="radio"/> High School or General Equivalency Diploma <input type="radio"/> Vocational / Trade Degree <input type="radio"/> Associates Degree in _____ <input type="radio"/> Bachelor Degree in _____ <input type="radio"/> Master Degree in _____ <input type="radio"/> Specialized Certification in _____ <input type="radio"/> Doctorate Degree in _____ <input type="radio"/> No Education in possession
-------------------	--

SECTION 4: AUTHORIZATION & AGREEMENT

Yes / No (circle)	I, the undersigned, 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 8 of the National Ordinance (AB 2013 GT no.357); 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.								
Yes / No (circle)	I, the undersigned, understand that with the submission of this application form, no guarantees of approval can be afforded to you. The evaluation of the entire case file on its merits is necessary to arrive at a decision. It is therefore my responsibility to submit all required documentation listed on Model 1C, upon submission of an application.								
Yes / No (circle)	I, the undersigned, understand that adherence to the legislation, regulation, and policy is what guides an application evaluation process. No unfair advantages will be provided to applicants. I have read article 24 of the National Ordinance of Admittance and Expulsion and understand that violation of it is a punishable act.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Print Name of Business</td> <td style="border: none;">Print Name of Authorized Person</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Signature Authorized Person</td> <td style="border: none;">Date of Authorization</td> </tr> </table>		_____	_____	Print Name of Business	Print Name of Authorized Person	_____	_____	Signature Authorized Person	Date of Authorization
_____	_____								
Print Name of Business	Print Name of Authorized Person								
_____	_____								
Signature Authorized Person	Date of Authorization								



CHECKLIST OF REQUIRED DOCUMENTATION

SECTION 5: CHECKLIST OF REQUIRED DOCUMENTS:

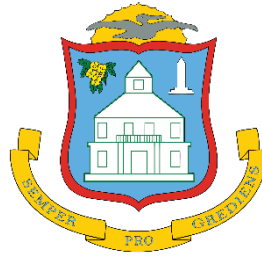
LEGEND	ECO – Economic Licenses Department
	LAB REG – Labor Affairs (Labor Registration)
	IBP – Immigration and Border Protection Service
	TEATT – Ministry of Tourism, Economic Affairs, Traffic & Telecommunication
	LAB EP – Labor Affairs (Employment Permit)

X. REQUIRED PREPARATORY DOCUMENTATION		FIRST TIME				RENEWAL				
PREPARATORY DOCUMENTATION FOR APPLICATIONS	Please refer to the legend for department ->	ECO	EP	LAB REG	IBP	ECO	EP	LAB REG	IBP	
		An application letter addressed to the Minister of TEATT (see list with additional requirements)	✓							
		Proof of Labor Registration for Current Year		✓		✓		✓		✓
		Proof of Payment of Labor Processing Fee		✓				✓		
		Proof of Residence Application Payment w/ IBP				✓				✓
		Business/Director license extensions for the current year (Available at Receivers Office once annual license fees payment has been made)		✓	✓	✓	✓		✓	✓
		Proof of Application with IBP Online CRM				✓				✓
		Notification from TEATT that the Business & Directors License is ready			✓				✓	
		Completed Employment Application Form, dated and signed.		✓				✓		
		Signed Copy of the labor agreement with the non-national (must state salary, duration, work period/hours, and position). The labor agreement must show a labor relationship between parties of at least five [5] years .		✓				✓		
		If representing management, a power of attorney necessary		✓		✓		✓		✓

XI. REQUIRED DOCUMENTATION FOR EMPLOYERS		FIRST TIME				RENEWAL			
CRITICAL BUSINESS DOCUMENTATION FOR EMPLOYERS / SPONSORS	Please refer to the legend for department ->	ECO	EP	LAB REG	IBP	ECO	EP	LAB REG	IBP
	Statement of Guarantee Declaration				✓				✓
	The Articles of Incorporation of Business	✓		✓					
	Proof of Chamber of Commerce Registration / Excerpt (Director name required)	✓		✓	✓			✓	✓
	Proof of registration at Tax Office with a copy of the business Crib number declaration from the Inspectorate of Taxes.			✓				✓	
	SZV confirmation report (Or letter from SZV stating that Company is not registered)			✓				✓	
	SZV receipt- printout from SZV for Premium paid for the current month		✓				✓		
	Proof of payment of the processing fee IBPS				✓				✓
	Proof of payment of processing fee LAB		✓				✓		
	Proof of Income Declaration (Private Households only)		✓	✓			✓	✓	
	Proof of Detailed Registration at the Census Office (no older than six months)			✓				✓	✓
	Address Verification (Business) in the form of a: Utility Bill, VROMI address confirmation, and/or Lease/Rental agreement	✓	✓		✓		✓		✓
	Copy of valid residence permit (Director / Managing Director / President / Sponsor)			✓	✓			✓	✓
	Certificate of Good Conduct and Police Record[s] from all places having legal residency in the past five [5] years				✓				✓
	Copy of the biographical page of your passport			✓				✓	
	Declaration of Taxes minimum income 36,000		✓		✓		✓		✓
	Proof of Income, Bank Letter (36,000 ANG), and Three Months Bank Statements				✓				✓
	Payroll taxes receipts - (Wage taxes, AVBZ, and Turnover Tax)		✓		✓		✓		✓
	Summary Wage Tax listing from Tax Inspectorate		✓				✓		

XII. REQUIRED DOCUMENTATION FOR EMPLOYEES		FIRST TIME				RENEWAL			
REQUIRED DOCUMENTATION FOR EMPLOYEES	Please refer to the legend for department ->	ECO	EP	LAB REG	IBP	ECO	EP	LAB REG	IBP
	Address Verification (Foreigner) in the form of a: Utility Bill, Taxes Paid Declaration, Lease/Rental Agreement, and/or Salary Slip	✓							✓
	Copy of previous Employment Permit from LAB		✓		✓		✓		✓
	Completion Education Background Form (Non-National)		✓				✓		
	Recent passport picture (not older than 6 months)		✓				✓		
	Original authentication of qualifications from country of origin, at the learning institute where the qualifications were attained		✓		✓		✓		✓

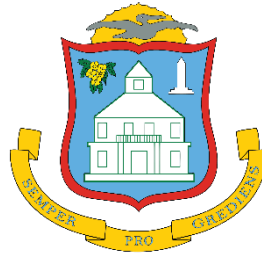
A copy Marriage Certificate with Apostille or Legislation minimum < 3 years old				✓				
A copy of the Birth Certificate with Apostille or Legislation minimum < 3 years old				✓				
A colored copy of the full passport[s] belonging to the foreign national. <6 months	✓	✓		✓				✓
A copy of the diplomas/certificates of employee/director(s)	✓					✓		
A colored copy of your valid residence permit	✓	✓						✓
A copy of your valid employment permit				✓				✓
A copy of your proof of application for the renewal of your residency permit from the Ministry of Justice. (Only if expired > 3months)	✓							
Copy SZV Registration			✓	✓			✓	✓
Copy valid Medical Insurance (for the entire period of employment)		✓				✓		✓
The three [3] previous month's salary slips or bi-weekly salary slips over same period		✓		✓		✓		✓
Proof of registration at Tax Office with a copy of the Crib number non-national declaration from the Inspectorate of Taxes.		✓				✓		
Declaration of Taxes (Minimum income of ANG 36,000)		✓				✓		✓
Authorized English or Dutch translations required for foreign documents	✓	✓		✓		✓		✓
Original Health Statement (Caretakers / Maid/ Housekeepers)				✓				✓
Original Assessment of Chest X-Ray				✓				
Certificate of Good Conduct and Police Record[s] from all places having legal residency in the past five [5] years				✓				✓
A valid colored copy of your detailed Census Registration <6 months	✓	✓				✓		✓



APPLICATION FEE STRUCTURE

SECTION 6: FEE STRUCTURE

XIII. AREA	STRUCTURE/PURPOSE	FEE AMOUNT
Labor Registration	Staffing Levels: 0 to 50 employees 51 to 200 employees 201 and more employees **For each business registering**	One-Time: ANG. 250,- ANG. 750,- ANG. 1000,-
Labor Fees	Employment Roles (Category 1): Managers/Supervisors/Professionals/Lead Persons **For each applicant**	ANG. 3000,- (1 year permit) ANG. 5400,- (2 year permit) ANG. 7500,- (3 year permit)
	Employment Roles (Category 2): Line Employees / Employees **For each applicant**	ANG. 1600,- (1 year permit) ANG. 2800,- (2 year permit) ANG. 3900,- (3 year permit)
	Employment Roles (Category 3): Private Household Staff (Maids and Gardeners) **For each applicant**	ANG. 800,- (1 year permit) ANG. 1600,- (2 year permit) ANG. 2400,- (3 year permit)
Economic Licenses	Processing Fees: Business/Directors/Branch/Amendment License Operational license (HORECA companies)	One-Time ANG. 150,- ANG. 450,-
	License Types: Business license (NV/BV) Business license (sole prop) Director's license Branch license Operational licenses (HORECA companies)	Annually: ANG. 1550,- ANG. 312.50,- (See list) ANG. 1250,- (See list)
Immigration Fees	Resident Permit Associated Fees Guarantor Fee Application Processing Fee (Directors, Labor) **For each applicant**	Annually: ANG. 45,- ANG. 500,-



CLIENT APPLICATION GUIDE

SECTION 7: CLIENT APPLICATION GUIDE

STEP 1. – REVIEW THE FOLLOWING BELOW

XIV. PLEASE CONFIRM THAT YOUR EMPLOYEE[S] MEETS ANY OF THE FOLLOWING CRITERIA:
<input type="checkbox"/> has been tenured in employment with your business consecutively for the past five [5] (proof of such required)
<input type="checkbox"/> has been residing in Sint Maarten over the past five [5] with or without receiving either residence or labor permits, and having an established employee/employer relationship

STEP 2. – GATHER ALL THE BELOW REQUIRED ITEMS

XV. CLIENT INFORMATION SHEET	PREPARATORY INFORMATION	
REQUIRED DOCUMENTATION LIST OF PREPARATORY ITEMS		
<input type="checkbox"/> An application letter addressed to the Minister of TEATT (see list with additional requirements)	<input type="checkbox"/> Business/Director license extensions for the current year (Available at the Receivers Office once the annual license fees payment has been made)	<input type="checkbox"/> Signed Copy of the labor agreement with the non-national (must state salary, duration, work period/hours, and position). The labor agreement must show a labor relationship between parties of at least five [5] years.
<input type="checkbox"/> Proof of Labor Registration for the Current Year	<input type="checkbox"/> Proof of Application with IBP Online CRM	<input type="checkbox"/> Completed Employment Application Form, dated and signed.
<input type="checkbox"/> Proof of Payment of Labor Processing Fee	<input type="checkbox"/> Notification from TEATT that the Business & Directors License is ready if not in possession of license	<input type="checkbox"/> If representing management, a power of attorney necessary

XVI. CLIENT INFORMATION SHEET	EMPLOYERS INFORMATION	
REQUIRED DOCUMENTATION LIST OF GURANTORS		
<input type="checkbox"/> Statement of Guarantee Declaration	<input type="checkbox"/> The Articles of Incorporation of The Business	<input type="checkbox"/> Proof of Chamber of Commerce Registration / Excerpt (Director name required)
<input type="checkbox"/> SZV confirmation report (Or a letter from SZV stating that Company is or is not registered)	<input type="checkbox"/> SZV receipt/printout for Premium paid for the current month	<input type="checkbox"/> Address Verification (Business) in the form of a: Utility Bill, VROMI address confirmation, and/or Lease/Rental agreement.
<input type="checkbox"/> Proof of Detailed Registration at the Census Office (no older than six months)	<input type="checkbox"/> Proof of Income Declaration (Private Households only)	<input type="checkbox"/> Copy of valid residence permit (Director / Managing Director / President / Sponsor)

<input type="checkbox"/> Declaration of Taxes minimum income 36,000	<input type="checkbox"/> Proof of Income, Bank Letter (36,000 ANG), and Three Months Bank Statements	<input type="checkbox"/> Payroll taxes receipts - (Wage taxes, AVBZ, and Turnover Tax)
<input type="checkbox"/> Summary Wage Tax listing from Tax Inspectorate	<input type="checkbox"/> Copy of the biographical page of your passport	<input type="checkbox"/> Proof of payment of processing fees for IBP and LAB
<input type="checkbox"/> Certificate of Good Conduct and Police Record from all places having obtained legal residency over the past five [5] years		

XVII. CLIENT INFORMATION SHEET		EMPLOYEE INFORMATION
REQUIRED DOCUMENTATION LIST FOR EMPLOYEES		
<input type="checkbox"/> A valid colored copy of the full passport[s] belonging to the foreign national. <6 months	<input type="checkbox"/> A copy of the Birth Certificate with Apostille or Legislation minimum < 3 years old	<input type="checkbox"/> A copy Marriage Certificate with Apostille or Legislation minimum < 3 years old
<input type="checkbox"/> A copy of your proof of application for the renewal of your residency permit from the Ministry of Justice. (Only if expired > 3months)	<input type="checkbox"/> Original authentication of qualifications from the country of origin, at the learning institute where the qualifications were attained	<input type="checkbox"/> Address Verification (Foreigner) in the form of a: Utility Bill, Taxes Paid Declaration, Lease/Rental Agreement, and/or Salary Slip
<input type="checkbox"/> Completion Education Background Form (Non-National)	<input type="checkbox"/> Copy of previous Employment Permit from LAB	<input type="checkbox"/> Recent passport picture (not older than 6 months)
<input type="checkbox"/> A colored copy of your valid residence permit (necessary for change requests)	<input type="checkbox"/> A copy of your valid employment permit (necessary for change requests)	<input type="checkbox"/> A copy of the diplomas/certificates of employees/director(s)
<input type="checkbox"/> Copy SZV Registration	<input type="checkbox"/> Copy valid Medical Insurance (for the entire period of employment)	<input type="checkbox"/> The three [3] previous month's salary slips or bi-weekly salary slips over same period
<input type="checkbox"/> Proof of registration at Tax Office with a copy of the Crib number non-national declaration from the Inspectorate of Taxes.	<input type="checkbox"/> Declaration of Taxes (Minimum income of ANG 36,000)	<input type="checkbox"/> Authorized English or Dutch translations are required for foreign documents
<input type="checkbox"/> Original Health Statement (Caretakers / Maid/ Housekeepers)	<input type="checkbox"/> An original medical Chest X-Ray Assessment	<input type="checkbox"/> A valid colored copy of your detailed Census Registration <6 months
<input type="checkbox"/> Certificate of Good Conduct and Police Record from all places having obtained legal residency over the past five [5] years		

STEP 3. – SCHEDULE YOUR APPOINTMENT AT:

Web Address: [//appointments.sintmaartengov.org/services](https://appointments.sintmaartengov.org/services)

****[1] Select 'Labor Affairs', [2] then 'PERMITS', and [3] finally 'Taskforce Project[s]****

STEP 4. – FOR INQUIRIES AND OR ASSISTANCE CONTACT:

Covenant Taskforce

Department of Labor Affairs & Social Services
 Ministry of Public Health, Social Development & Labor
 Government of Sint Maarten
 Soualiga Road # 1, Pond Island, Sint Maarten
 Email: taskforceproject@sintmaartengov.org