



Ministry Public Health, Social Development & Labor

RAPID PERMIT APPLICATION FORM

PART 1: EMPLOYER INFORMATION (BUSINESS)

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:		District:	
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:	

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: (Please check)	<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: (Please circle)	0-3 Years	3-5 Years	5+ Years
Work hours required: (Please circle)	Full Time	Part-Time	On Call
Address of the Work place:			
Required qualification, diploma's, certificates, and experiences necessary for work to be performed:	<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		



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IV. COMPENSATION & BENEFITS	
Gross Salary Amount: (Please specify currency) <i>Please check appropriate option</i>	<input type="radio"/> Hourly _____ <input type="radio"/> Daily _____ <input type="radio"/> Weekly _____ <input type="radio"/> Monthly _____ <input type="radio"/> Yearly _____
Secondary Benefits: <i>Please check appropriate option</i>	<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 _____

Signature/ Name of Applicant : _____ Date: _____