

APPLICATION FOR A TEMPORARY WORK PERMIT

The application for the grant of a Temporary Work Permit should be addressed to:
 The Director, Workforce Opportunities & Residency Cayman, P.O. Box 1098, Grand Cayman KY1-1102, Cayman Islands
 PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT, "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.

NOTES: (i) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (ii) Refer to the checklist accompanying this form for additional documents required to process this application. (iii) Use separate sheet of paper, where necessary, to thoroughly answer each question. (iv) For support and guidelines see the WORC website www.worc.ky. (v) If the employer / additional employer is a company; all communication will be sent to the contact information associated with the company's Trade & Business License as held by the Department of Commerce and Investment.

PART 1 - To Be Completed By Prospective Employee APPLICATION FORM CONTAINS 9 PAGES

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

1. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____

2. Nationality _____ Date of Birth _____ DD/MM/YY Gender Male Female

3. Passport Number _____ Date of Issue _____ DD/MM/YY Place of Issue _____ Date of Expiry _____ DD/MM/YY

4. Are you known by any other name(s)? Yes No If Yes, provide other Name(s) _____

5. Physical address (i) House No _____ (ii) Street Name _____
 (iii) District _____ (iv) PO Box & KY _____ (v) Telephone _____

Do you have E-Mail? Yes No If yes, Email Address _____

6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable, when adding spouse to permit)
 Single Married Divorced Separated Civil Partnership Dissolved Civil Partnership

Name and nationality of spouse/civil partner _____

7. Please list the particulars of any dependants (spouse, children or others) whom you wish to accompany you to the Cayman Islands or are already residing in the Cayman Islands.

| Name | Date of Birth | Nationality | Relationship | Country of Residence | Add to Work Permit |
|-------|---------------|-------------|--------------|----------------------|--|
| _____ | D/MMM/YY | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | D/MMM/YY | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | D/MMM/YY | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

8. (i) What position are you applying for? _____

(ii) What experience do you have which is relevant to this job? _____

(iii) How many years of this experience do you have? _____ years

9. Do you have a current appeal pending with the Immigration Appeals Tribunal? (if yes, please provide details) Yes No

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10. (i) Have you ever been charged or convicted of a criminal offence in any country, including the Cayman Islands? Yes No If yes, please provide details of ALL offences

| Nature of offence | Date | Location | Verdict and Sentence |
|-------------------|----------|----------|----------------------|
| | DD/MM/YY | | |
| | DD/MM/YY | | |

(ii) Have you ever been deported from or refused entry to:

- (a) the Cayman Islands Yes No If you answered yes, please give details
- (b) any other Country Yes No If you answered yes, please give details

(iii). Have you ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offence? Yes No
 If you answered yes, please provide details.

| Nature of fine | Date | Location | Amount (\$) |
|----------------|----------|----------|-------------|
| | DD/MM/YY | | |
| | DD/MM/YY | | |

(iv). Have you ever been sanctioned by a professional ethics body, licensing board or any other regulating body? Yes No
 If you answered yes, please provide details.

| Nature of sanction | Date | Location | Reasons |
|--------------------|----------|----------|---------|
| | DD/MM/YY | | |
| | DD/MM/YY | | |

11. Since your first arrival in the Cayman Islands have you ever been named as a dependant on another person's work permit/government contract/exemption?
 Yes No If you answered yes, please provide name of permit holder

12. Since your first arrival have you at any time left the Cayman Islands for a period in excess of 1 year?
 Yes No If you answered yes, please give dates of and reasons for the absence

13. Have any dependants accompanying you ever been charged or convicted of a criminal offence in any country? Yes No

| Nature of offence | Date | Location | Verdict and Sentence |
|-------------------|----------|----------|----------------------|
| | DD/MM/YY | | |
| | DD/MM/YY | | |

14. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in reply to question 5.

| From | To | Address |
|----------|----------|---------|
| D/MMM/YY | D/MMM/YY | |
| D/MMM/YY | D/MMM/YY | |
| D/MMM/YY | D/MMM/YY | |

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15. Are you of Caymanian descent or have close connections with the Cayman Islands, either historically, or by marriage to a Caymanian? Yes No
If yes, please provide details and include marriage and/or birth certificates

| Name | Relationship | Address |
|------|--------------|---------|
| | | |
| | | |

Important note: Applicants from a non-English speaking country must have their English language skills tested. The applicant must receive a passing mark on their assessment to take up employment in the Cayman Islands.

16. Is English your native language? Yes No

If Yes, skip to question 17.

If No, what is your native language? _____ and answer all other language related questions.

Do you speak English? Yes No

Do you read English? Yes No

Do you write English? Yes No

Are you currently on Island? Yes No

Have your English skills been previously tested by?

| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Score/Band | Score Report No | Exam Date | |
|----------|------------------------------|-----------------------------|------------|-----------------|-----------|------------------------------------|
| a) IELTS | <input type="checkbox"/> | <input type="checkbox"/> | | | DD/MM/YY | Attach a copy of your score report |
| b) TOEIC | <input type="checkbox"/> | <input type="checkbox"/> | | | DD/MM/YY | Attach a copy of your score report |

17. (i) Are you in good physical and mental health? Yes No If no, please give details

(ii) Are all dependants accompanying you in good physical and mental health? Yes No If no, please give details

(iii) Have you ever tested positive for HIV or any other sexually transmitted diseases? Yes No If you answered yes, please give details

Note: If approved, the Temporary Work Permit will be subject to the following and any other additional conditions contained therein: (i) the employee is not allowed to work for any other employer or perform any other occupation other than that or those listed in this application; and (ii) the permission of the employee to remain and work in the Cayman Islands ceases in the event that the Temporary Work Permit expires, is revoked, or if their employment is terminated.

I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement I am liable on conviction to a fine of CI\$5,000 and imprisonment for one year. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Temporary Work Permit must be complied with.

In accordance with Section 56(4)(b) of The Immigration (Transition) Act 2021, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

Signature of Employee
(Cannot be Agency Signature)

Date (DD/MM/YY)

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NOTES: (i) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (ii) Refer to the checklist accompanying this form for additional documents required to process this application. (iii) Use separate sheet of paper, where necessary, to thoroughly answer each question.

PART 2 - To Be Completed By Employer

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

1.A. Complete this section ONLY if you are a Company

Name _____

(i) Nature of Company Business _____

(ii) PO Box & KY _____ (iii) Physical address _____

(iv) Email Address _____ (v) Telephone _____

(vi) Under which Law is business licensed to operate? _____

(vii) Expiry date of current licence DD/MM/YY (viii) Licence Number _____

(ix) Is the employee a shareholder or owner of the Company? Yes No

(a) If Yes, will this employee be remunerated only in the capacity of the occupation of this work permit? Yes No If No, explain _____

1.B. Complete this section ONLY if you are a Personal Employer

Name _____ (i) Date of Birth DD/MM/YY

(ii) PO Box & KY _____ (iii) Telephone/Cell _____

(iv) Personal Email Address _____ (v) Occupation _____

(vi) Employer Name _____

(vii) Employer PO Box & KY _____ (viii) Employer Telephone _____

2. Is Permit to be shared? Yes No If Yes, Name of additional employer _____

Phone of additional employer _____ e-Mail of additional employer _____

Is additional employer a person? Yes No If Yes, provide Date of Birth D/MMM/YY

2. a. Position to be filled with additional employer. _____

2. b. How much will the employee receive in salary or wages from additional employer? CI\$ US\$ _____ hour day week month

2. c. How many hours is the worker required to work each week with additional employer? _____

3. Is the Employee a family member of the Employer? Yes No If Yes, Relationship? _____

4. State the occupation for which prospective employee is required and provide description of duties and responsibilities. _____

5. What skills, qualifications and experience are required for this position? _____

6. How many persons do you currently employ? _____ Of those you currently employ, how many are Caymanian? _____ How many are Permanent Residents? _____

7. Has this job been registered on the JobsCayman portal? If yes, please provide the Job ID. Yes No Job ID: _____

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8. i. Has the job been advertised locally or overseas in a written or online newspaper or other media? If yes, please provide copies of the advertisements. Yes No
- ii. If the job was advertised locally or overseas, did a Caymanian or Permanent Resident apply? Yes No

If Yes, how many applied and why were none hired? _____

9. (i) How long do you wish this Temporary Work Permit to be valid for: 1 Month 3 Months 6 Months 8 Months (Seasonal Temporary Only)

(ii). What date do you wish this Temporary Work Permit to begin? _____

10. I am requesting that the approval coincides with my spouse's work permit, per section 66(10) of the Immigration (Transition) Act, 2021. Yes No

11. (i) How much will the employee receive in salary or wages? CI\$ US\$ _____ hour day week month

(ii) How many hours is the worker required to work each week? _____

(iii). What other benefits, (if any) will the worker receive? _____

- (iv). If worker is a household domestic, will the worker live in the same residence as the employer? Yes No

- (v). If worker will receive gratuities, does the employer have a gratuities scheme in place approved in writing by the Director of Labour? Yes No
 (If yes, please provide copy of Approval)

12. Is this prospective employee being recruited from a non-English speaking country? Yes No

(i) If "YES", are you aware of the requirements of the English Skills Test which must be undertaken by the prospective employee. Yes No

(ii) Are you satisfied that the prospective employee has a basic understanding of the English language in both spoken and written form as required? Yes No

(iii) What steps have you taken to satisfy yourself that the prospective employee can speak and write the English language to the level required?

Declaration

Note: If approved, the Temporary Work Permit will be subject to the following and any other additional conditions contained therein: (i) the employee is not allowed to work for any other employer or perform any other occupation other than that or those listed in this application; and (ii) the permission of the employee to remain and work in the Cayman Islands ceases in the event that the Temporary Work Permit expires, is revoked, or if their employment is terminated.

I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement I am liable on conviction to a fine of CI\$5,000 and imprisonment for one year. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Temporary Work Permit must be complied with.

 Signature of Employer (Cannot be Agency Signature)

 Date (DD/MM/YY)

 Signature of Additional Employer (Cannot be Agency Signature)

 Date (DD/MM/YY)



**Health Insurance and Pension - Supplement To Work Permit Application
(Temp/Grant/Renewal)**

Questions relating to the Provision of Pension Benefits and Health Insurance

Supplement - To Be Completed By Employer and Attested To By The Employee

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

PENSION PLAN In accordance with the National Pensions Law after an employee has completed 9 months of employment in the Cayman Islands, the enrollment & payment of pension contributions are mandatory.

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Law and its current revisions? Yes No

If No, why not? _____

2. What is the name of the Company and Administrator of your registered Pension Plan?

| | |
|-----------------------|---------------------------|
| Company _____ | Telephone No _____ |
| E-Mail Address _____ | Employee Pension No _____ |
| Registration No _____ | |

3. Are your Company's Pension Plan contributions for this employee paid up to date? Yes No

If No, why not? _____

HEALTH INSURANCE

In accordance with the Health Insurance Law every person, and their dependants, resident on Island must have health insurance coverage effected by their employer.

1. Do you have a valid Health Insurance Plan for this employee in accordance with the Health Insurance Law and its revisions and regulations thereunder? Yes No

If No, why not? _____

2. What is the name of the Company and Administrator of your registered Health Insurance Plan?

| | |
|----------------------|------------------------------|
| Company _____ | Telephone No _____ |
| E-Mail Address _____ | Employee Membership No _____ |
| Policy No _____ | |

3. Are your health insurance premiums for this employee paid up to date? Yes No

If No, why not? _____

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Law and is a member or will join the above Pensions Plan in accordance with the National Pensions Law.

I understand that I will be responsible for any medical expenses incurred by the employee and their dependants in the absence of a standard health insurance contract.

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration Law, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employer _____

Authorized signatory for and on behalf of Employer _____
Cannot be Agency signature

Print Name _____

Date (DD/MMM/YY) D/MMM/YY

EMPLOYEE'S DECLARATION:

I declare that the information given above is correct and confirm that the employer from which I seek employment has or will enrol me in the Health Insurance Plan and has or will enrol me in the above Pension Plan (unless exempted by Pensions Law).

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration Law, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employee _____

Signature _____
Cannot be Agency signature or Employer

Date (DD/MMM/YY) D/MMM/YY



Accommodation Supplement

It is a Government requirement that suitable accommodation must be available for the employee and for any dependants. Accordingly, this form must be completed in full by the Employer, attested to by the Employee and Landlord/Rental Agent, and submitted along with the Work Permit Application Form.

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1. Is the prospective Employee on Island? Yes No If No, move to question 9.

2. Employee's Physical Address _____

District _____ PO Box and KY _____ Telephone _____

Block and Parcel No _____ - _____

3. Type of Building Dwelling House Apartment Hotel

4. How many rooms are available for the employee and his/her family?

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____

5. Will any of these rooms be shared with other occupants of the dwelling? Yes No If Yes, give details - including number of other occupants and which rooms

6. This accommodation is Owned by the Employer Owned by the Employee Rented by the Employer Rented by the Employee

7. If Rented, what is the period of lease? _____

8. If Rented, the name and address of the Landlord/Rental Agency is _____

(i) House No _____ (ii) Street Name _____

(iii) District _____ (iv) PO Box and KY _____ (v) Telephone _____

9. When the Employee arrives on Island, to work, please advise on their proposed accommodation:

Physical Address: _____

I understand and agree that a representative of the Department of WORC may be required to view the premises described above at any reasonable hour of the day.

I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement, I am liable on conviction to a fine of CI \$5,000 and imprisonment for one year.

Print Landlord Name

Landlord Signature

Date (dd/mmm/yyyy)

Print Employee Name

Primary Employee Signature

Date (dd/mmm/yyyy)

Print Primary Employer Name

Primary Employer Signature

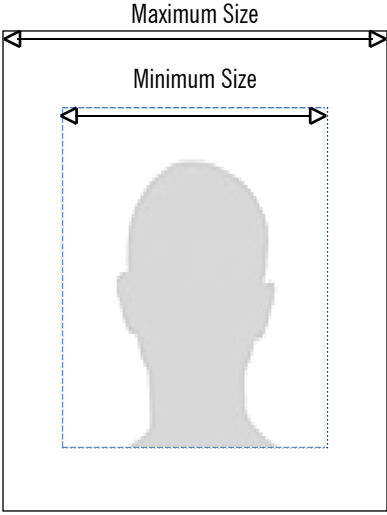
Date (dd/mmm/yyyy)



PHOTOGRAPH TEMPLATE
Applicants Only

| | | |
|--|---|--|
| | | |
| Surname (Last Names) | Given Names (First Names) | Maiden Name (if applicable) |
| File Number (if known) | (Also known as "Work Reference Number") | Application Date D/MMM/YY |
| | | Date of Birth D/MMM/YY |

Applicant Full Face Photo



Full Face Photograph

Do Not Use Staples!
Photographs may be taped or glued to the picture diagrams.

- Instructions:**
- For Work Permit Grant, Work Permit Renewal, Permanent Residency and Cayman Status applications, provide Full Face Photo (1 photo).
 - Print Last Name, First Name(s), and Date of Birth on the back of photograph.
 - The photograph must:
 - be a "passport type" photograph
 - be in colour
 - be taken within the past 12 months
 - show full face (shoulders and above)
 - have no head covering
 - have a plain white background
 - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
 - be unmounted
 - be printed on normal photographic paper
 - if digital, have resolution of at least 800 dpi (dots per inch)
 - Blurred photographs will not be accepted.
 - Stick-on labels will not be accepted.

TEMPORARY WORK PERMIT CHECKLIST

This list is a summary of general requirements for ALL applicants. The Director of WORC reserves the right to request additional information or documentation as he sees fit.

- Application forms** duly completed, signed and dated by employee and employer. **Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.**
- Cover letter(s) signed by Employer(s)** with detailed summary of why the work permit is required. Include employee duties & responsibilities.
- Correct **work permit fee**, including non-refundable CI\$70 application fee, dependant fee if applicable **Express Fee** (if applicable).
- If applying for a period over 3 months, **medical declaration cover letter**, must be less than one year old at date of submission.
- Original signed and sealed, **Police Clearance certificate** - less than 6 months old, from last place of residence.
- 1 full-face passport sized **photograph** Copy of applicant's **Resume** (for skilled positions). Certified/Notarized copies of **educational certificate/diplomas/degrees**.
- A **release letter** (signed by the current employer) where the applicant is changing jobs prior to the expiry of their current work permit from employer. Where one is not forthcoming, a letter of explanation and any supporting documentation is required.
- Where the employer is licensed by another body other than the Trade & Business Licensing Board, proof of current license or copy of the receipt of payment for the renewal
- Cuban National:** Certified copy of Cuban Visa

For Accompanying Dependants

- Child(ren):** 17 years and under:
 - 1) a certified birth certificate (first time adding)
 - 2) a letter from a local school confirming acceptance/attendance.
- Child(ren):** 18 years and older:
 - 1) A medical declaration cover letter (less than 1 year old)
 - 2) certified birth certificate (first time adding)
 - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 4) letter from school confirming acceptance/attendance (required annually).
- Spouse/Civil Partner:**
 - 1) a medical declaration cover letter (less than 1 year old)
 - 2) certified copy of marriage/civil partnership certificate (first time adding)
 - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 4) Affidavit (AF66-10) to be completed if applying under Section 66(10)
- Income and expense report (where combined monthly salary falls below CI\$3,500)

| Additional Requirements To Be Attached to Application Based on Occupation / Industry | |
|--|--|
| <input type="checkbox"/> Construction: Completed Form A AND copies of signed contracts, from employer, redacted where appropriate. | <input type="checkbox"/> Janitorial or Gardening: Completed Form A |
| <input type="checkbox"/> Professional/Managerial: Copies of qualifications | <input type="checkbox"/> If regulated by CIMA: Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO) |
| <input type="checkbox"/> Nurse/ Health/Dental Practitioner: Approval from Health Practitioner's Board or Medical & Dental Counsel | <input type="checkbox"/> Veterinary: Approval from Veterinary Board |
| <input type="checkbox"/> Electrical: Copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen | <input type="checkbox"/> Driver: Copy of license from the Public Transport Board for the appropriate category of vehicle |
| <input type="checkbox"/> Diving-PADI/NAVI: Copy of Divers Photo ID Card & Membership Status | <input type="checkbox"/> Skilled/Supervisory: Copies of qualifications and detailed list of skills |
| <input type="checkbox"/> Plumbing: Copy of license | <input type="checkbox"/> Employment Agency: Proof of past and future employment for the applicant |
| <input type="checkbox"/> Domestic, nanny or caretaker: Copies of birth certificates of children to be cared for. | <input type="checkbox"/> Caretaker for the elderly or infirm: A Physician's letter confirming the illness if the infirm is under 65 years of age. Patient proof of age is required. |
| <input type="checkbox"/> Security Officer: Copy of preliminary license from the Royal Cayman Islands Police (RCIP) | <input type="checkbox"/> Farming: Agriculture ID Card or certified copy of certification from the Department of Agriculture, letter from Agriculture |
| <input type="checkbox"/> Teachers: Approval from Educational Council | <input type="checkbox"/> Mobile Car Wash: Copy of Mobile Car Wash Vehicles' Logbook(s) and Insurance Certificate(s) |
| Entertainment Industry - Additional Requirements | |
| <input type="checkbox"/> Musical and Theatric Entertainer: Provide a demo tape/CD/DVD of show to be performed | <input type="checkbox"/> Liquor License: Approval for the event, if applicable |
| <input type="checkbox"/> Event Advertising: Provide reasonable size samples of advertising materials (e.g., flyers) | |