

Request for Advertising Waiver

Employer Name (Company Individual) _____

Employee Name - Surname (Last Names)	Given Names (First Names)	Maiden Name (if applicable)

Worker Reference No _____ No. Caymanians Employed: _____ No. PR Holders Employed: _____ No. WP Holders Employed: _____

Job Title _____ Years of Experience Required for Job: _____

Qualifications Required for Job: _____

Brief Job Description: _____

(You may attach additional documentation)

Details of Efforts Made to Recruit a Caymanian and/or a PR Holder (either internally or externally)

Reason(s) why a waiver is being requested (You may attach an additional cover letter to support your request):

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

 Employer Signature

 Date (DD MMM YYYY)

Notes:

- 1) Include a copy of the employee's current resume
- 2) Include an updated copy of the organization chart
- 3) Completed form and supporting documents can be emailed to WORCPermitSubmissions@gov.ky, or submitted at our office located at Apollo House West