



JOB VACANCY REGISTRATION FORM

Department of Labour & Workforce Development



Tortola: (284) 468-4707/468-4708 | Virgin Gorda: (284) 468-6526/468-9178 | Email: labour@gov.vg

DATE: _____ **PRIORITY:** High Low

REQUEST MADE: In person Via email By phone Publication Work permit application

EMPLOYER: _____

LOCATION: _____

CONTACT PERSON: _____ **POSITION:** _____

PHONE: _____ **EMAIL:** _____

JOB TITLE OF VACANCY: _____

NO. OF VACANCIES OF POSITION: _____ **JOB DESCRIPTION/ADVERT PROVIDED:** Yes No

DEADLINE FOR SUBMISSIONS: _____ N/A

GENERAL RESPONSIBILITIES: _____

TERM OF EMPLOYMENT: Full Time Part Time Temporary/Seasonal : _____

WORKING DAYS: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

WORKING HOURS: From: _____ am pm **To:** _____ am pm

REQUIRED TO WORK ON/AT: Weekends Public Holidays Shift Multiple locations/Island

SALARY: \$ _____ Hourly Daily Weekly Monthly Annually

GENDER PREFERENCE: Male Female N/A

EDUCATIONAL REQUIREMENTS: None High School Associates Bachelors Masters

Professional Certifications **AREA OF STUDY:** _____

WORK EXPERIENCE REQUIREMENTS: None 1-4 years 5-10 years >10 years

ADDITIONAL REQUIREMENTS: Valid driver's license Food handler's license Ability to lift _____ lbs

Proficient in (software): _____

ANY OTHER INFORMATION: _____

FOR OFFICE USE ONLY

STATUS OF REQUEST: Provided referrals Outstanding No suitable candidates currently registered

OUTCOME: Recommended candidate(s) selected Awaiting feedback from employer

Unregistered BVIlander/Belonger employed Work permit application submitted

COMMENTS: _____

OFFICER: _____ **POSITION:** _____