**FORM B1 (TOURISM)**

**Check List – Employee**

**Application No:**

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Response** | **Completed****(internal use only)****Y or N** |
| The Legal Name of the Employer |  |  |
| Nature of the Business |  |  |
| How many persons are currently employed with the Employer and how many are Belizeans? |  |  |
| Name of Position being filled |  |  |
| Kindly indicate how this position was filled in the past? |  |  |
| Process taken in recruiting for this position (indicating why you were unable to source this skill in country, also include evidence of in-country advertisement of this post) |  |  |
| Kindly indicated how this person will be tasked to train local Belizeans to fill this position in the future? |  |  |
| Full name of Candidate |  |  |
| Nationality of Candidate |  |  |
| Summarize Qualifications and Experience for the Position and provide necessary supporting documentation, as per list below.  |  |  |
| (If Applicable) Is this application for Work Permit being done on alternative grounds, as specified by the Work Permit Requirements of the Labour Department (Grounds on Longevity, Grounds on Family Relations, or Ground on Special or Unique Qualification)? If so, kindly specify with documentary evidence) |  |  |
| **Documents to be provided:**1. Letter of Request for Work Permit Support
2. Letter of Intent to Employ from Employer
3. Recommendation Letters (at least 2)
4. Copy of Passport (Biographical Page and Last Stamp)
5. Curriculum Vitae (including Diploma and Certification)
6. Tour Operator/Hotel License
7. Trade License and/or Business Registration
8. Proof of Application for Work Permit
9. Proof of Advertisement of Post (including Terms of Reference for Post, at least 3 ad clippings)
10. Others (as may be deemed necessary)
 |  |  |

*(Note: Kindly note that work permits are for 6 months and 1 year, and can be renewed only once)*

*(Note 2: Kindly note that a Support Letter from the Ministry does not guarantee a Work Permit)*

**Signed by Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Internal Use Only)*

**Signed by Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**