

EMPLOYMENT APPROVAL APPLICATION FORM

This Application form must be submitted with supporting documents as listed at our website <http://www.employment.gov.mv> under Guidelines for Employers and endorsed by Department of Immigration & Emigration.

Details of the Employee (as on Passport)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>		
Other Names:	<input type="text"/>		Date of Birth:	<input type="text"/>	
Country:	<input type="text"/>	Gender (M/F):	<input type="text"/>	Age:	<input type="text"/>
Passport No:	<input type="text"/>	Passport Expiry:	<input type="text"/>	Previous Passport No. (if any):	<input type="text"/>
Occupation:	<input type="text"/>			Salary (US\$):	<input type="text"/>
Job Description:	<input type="text"/>				

Details of the Employer

Employer ID:	<input type="text"/>	Employer Name:	<input type="text"/>		
Site ID:	<input type="text"/>	Work Site Name:	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>	E-Mail:	<input type="text"/>

Details of person submitting the documents

ID CardNo:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Agency Card Number of person submitting this document (if applicable):	<input type="text"/>		

Employer ID verification (office use only)

Employer's ID / Registration No :	<input type="text"/>
Verified by:	
Name:	<input type="text"/>
Designation:	<input type="text"/>
Signature and Stamp	<input type="text"/>

<p>Declaration by Employer</p> <p>I/We declare that I/We understand the current rules and regulations for employment of foreign workers and agree to abide by the rules.</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Date: _____</p> <p>Signature and Stamp _____</p>	<p>Declaration by Agency (if submitted by Agency)</p> <p>We declare that we understand the current rules and regulations for operation of employment agencies and agree to abide by the rules.</p> <p>Agency Code: <input type="text"/></p> <p>Name: _____</p> <p>Designation: _____</p> <p>Date: _____</p> <p>Signature and Stamp _____</p>
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Deposit Collection (Department of Immigration & Emigration use only)

Name:	<input type="text"/>	Deposit Receipt Number & Date:	<input type="text"/>
Designation:	<input type="text"/>	Stamp:	<input type="text"/>