



**Ministry of Commerce, Industry and Labour**  
Matagaluega o Pisinisi, Alamanuia ma Leipa



+685 20441 | 20442  
info@mcil.gov.ws  
www.mcil.gov.ws

Please address all correspondence to the Chief Executive Officer

P.O Box 862, Level 4 ACC House Apia SAMOA

## FOREIGN EMPLOYEE EMPLOYMENT PERMIT CHECKLIST

<b>OFFICE USE ONLY</b>	Date Received: ____ / ____ / ____	Application no:
	Current Employment Permit Number: (if applicable)	

### CHECKLIST

The checklist outlines documentation that you must provide when applying for a Foreign Employee Employment Permit (FEEP). If you fail to provide the required information, your application will not be assess. The information submitted is solely for the purpose of assessing eligibility to work in Samoa. It cannot be used for other visas, i.e. temporary residence visa. For more information on how to obtain a temporary residence visa visit the Immigration Services' website [www.mpmc.gov.ws](http://www.mpmc.gov.ws).

Labour Inspectors are to check and ensure all supporting documents are attached with the FEEP Application Form.

### BUSINESS CHECKLIST

All applications must include the following:

Tick	Description	Detail
	Cover letter explaining rationale for employing a non-citizen	
	Completed, signed FEEP application form	
	Two passport-sized colour photographs	refer section A
	Passport or travel document (copy)	refer section A
	Employee / Employer Information	refer section B
	Copy of current Business License	refer section B
	Copy of current Foreign Investment Certificate	refer section B
	Copy of payroll (one period wages of business)	refer section B
	Copy of P4 receipt in relation to wage period	refer section B
	Copy of NPF receipt in relation to wage period	refer section B
	Copy of ACC receipt in relation to wage period	refer section B
	Medical Clearance Report	refer section C
	Police Clearance Report	refer section D
	Evidence of qualifications relevant to job offered <b>All qualifications must be certified by the Samoa Qualification Authority (SQA) before any FEEP application is assessed - For more information visit the SQAs' website <a href="http://www.sqa.gov.ws">www.sqa.gov.ws</a>.</b>	refer section E
	Evidence of work experience relevant to job offered	refer section E
	Any relevant work references related to the proposed job	refer section E
	Copy of the Job Offer letter	refer section E
	Copy of a job description (JD)	refer section E
	Signed Contract Employment / Arrangement detailing working terms and conditions of the job offered	refer section E
	Copy of Advertisement for jobs under General Skills	refer section E

## DOMESTIC WORK CHECKLIST

All applications must include the following:

Tick	Description	Detail
	Cover letter explaining rationale for employing a foreign employee	
	Completed, signed FEEP application form	
	Two passport-sized colour photographs	refer section A
	Passport or travel document (copy)	refer section A
	Employee / Employer Information	refer section B
	Medical Clearance Report	refer section C
	Police Clearance Report	refer section D
	Evidence of qualification / training relevant to job offered <b>All qualifications must be certified by the Samoa Qualification Authority (SQA) before any FEEP application is assessed - For more information visit the SQAs' website <a href="http://www.sqa.gov.ws">www.sqa.gov.ws</a>.</b>	refer section E
	Evidence of work experience relevant to job offered	refer section E
	Any relevant work references related to the proposed job	refer section E
	Copy of the Job Offer letter	refer section E
	Copy of a job description (JD)	refer section E
	Signed Contract Employment / Arrangement detailing working terms and conditions of the job offered	refer section E
	Copy of Advertisement for jobs under General Skills	refer section E

## ADDITIONAL CHECKLIST

All MANUFACTURING applications must include the following:

Tick	Description	Detail
	Certificate of Analysis from SROS	
	Health Compliance Certificate from MOH	

Name and Signature Labour Inspectorate Assessor

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name and Signature Authorising Personnel

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## FOREIGN EMPLOYEE EMPLOYMENT PERMIT APPLICATION FORM

OFFICE USE ONLY	Date Received: ____ / ____ / ____	Application no:
	Current Employment Permit Number (if applicable)	

The principal applicant is responsible for filling in the application form. Fill, complete and sign the form accurately and truthfully. You are also responsible for ensuring all relevant information is provided to assist with the preliminary assessment of your Foreign Employee Employment Permit (FEEP) application.

A guideline to assist with filling in of the form can be downloaded on [www.mcil.gov.ws](http://www.mcil.gov.ws), alternatively you can contact the Employment Permit team on telephone (+685) 20441 / 20442 for further clarification and/or assistance.

Please be advised that the Ministry will not consider any applications that fail to complete and sign the form.

## SECTION A: PRINCIPAL APPLICANT'S PERSONAL DETAILS

- A1. Attach two colour passport-size photographs of yourself. The photographs must not be more than 6 months old and each size must be 35mm x 45mm.

You must write your full name on the back of both photographs.

Length 45mm	Width 35mm
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A2. Family / Last name as shown in Passport: \_\_\_\_\_

Given / First name(s) as shown in Passport: \_\_\_\_\_

A3. Preferred title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ (Other) \_\_\_\_\_

A4. Other name(s) you are known by: \_\_\_\_\_

A5. Gender  
 Male ☐  
 Female ☐

A6. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date / Month / Year*

A7. City of birth / Town: \_\_\_\_\_

A8. Country of birth: \_\_\_\_\_

A9. Passport number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date / Month / Year*

Country of residence: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Other citizenship: \_\_\_\_\_

**(Attach copy of your passport – side with your information)**

A10. Partnership status: Single ☐ Married ☐ Divorced ☐  
 Separated ☐ Widowed ☐ Partner ☐

In civil Union ☐

## SECTION B: CONTACT DETAILS

B1. Your current residential address *[your address abroad]*

Physical address: \_\_\_\_\_

Telephone (Landline): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

B2. If you are currently in Samoa, what is the address that you will be staying at?

Physical address: \_\_\_\_\_

Telephone (Landline): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

B3. Employment Service Agency (ESA) Information *[if applicable]*

Name of EAS: \_\_\_\_\_

Address of EAS: \_\_\_\_\_

Licensed number telephone: \_\_\_\_\_

Telephone (Landline): \_\_\_\_\_

Email address: \_\_\_\_\_

B4. Details of Employer *[Only complete this part if you are applying for an Employment Permit to work in a Business / Company / SOEs / Government Worker. If you are applying for a Domestic Worker go to question B9]*

Name as shown in Business License / Ministry: \_\_\_\_\_

B5. First name of the employer / contact person: \_\_\_\_\_

Last name of the employer : \_\_\_\_\_

B6. Physical Address: \_\_\_\_\_

Telephone (Landline): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

B7. Ratio of citizens to non-citizen **[benchmark is 1 non-citizen to every 3 citizens]**

**[Please attach copy of a current payroll record for the past two months]**

Number of citizens employed in organisation: \_\_\_\_\_

Number of non-citizens employed in organisation: \_\_\_\_\_

B8. Describe reasons for wanting to work in Samoa.

#### **DOMESTIC WORK**

B9. Details of Employer **[complete this part if you are a Private Household employer]**

First name of the employer: \_\_\_\_\_

Last name of the employer: \_\_\_\_\_

B10. Physical Address: \_\_\_\_\_

Telephone (Landline): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

B11. Describe reasons for wanting to work in Samoa.

### SECTION C: MEDICAL CLEARANCE

C1. Do you have any medical condition that may hinder your ability to perform the duties of the position?

Please tick whether the following applies to you?

Yes ☐ No ☐

C2. Are you pregnant? *[this is for medical concern only]*

Yes ☐ No ☐

If you are pregnant can you advise the date you are expected to give birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date / Month / Year

C3. Please attach a medical clearance report from:

1. A Samoan medical practitioner, and/or
2. A valid medical clearance from an overseas practitioner

C4. If you are requesting an employment permit from three (3) months up to three (3) years in Samoa, you must provide a medical clearance report from a medical practitioner. The medical clearance report must be dated no more than six (6) months.

### SECTION D: POLICE CLEARANCE

D1. Have you ever been convicted for any offence(s) against the law in any country?

Yes ☐ No ☐

D2. Are you currently:

- Under investigation
- Wanted for questioning
- Facing charges

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

for any offence(s) against the law in any country?

D3. Have you been:

- Refused entry from
- Refused a visa by
- Removed or deported from

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

any country?

If you have answered yes to any of the above questions under section D, please provide details.

D4. If you are requesting an employment permit from three (3) months up to three (3) years in Samoa,

you must provide a police clearance report. The police clearance report must be dated no more than 12 months old.

## SECTION E: INDIVIDUAL EMPLOYMENT AGREEMENT [IEA]

**[You must attach a signed job offer, job description and an IEA]**

E1. Name of position to be employed: \_\_\_\_\_

E2. Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E3. Type of employment:

Piece worker ☐ Shift worker ☐ Permanent (full-time) ☐  
 Contract Employment (Manager / Supervisor) ☐ Consultant ☐

E4. Remuneration:

- Per annum ST \$ \_\_\_\_\_
- Per hour ST \$ \_\_\_\_\_

E5. Location of Employment: \_\_\_\_\_

E6. Industry: \_\_\_\_\_ **(Refer to Information Sheet)**

E7. **Qualification – [Attach all copies of certified qualifications]**

In the event the Ministry request further information regarding the genuinity of your qualification you must confirm qualification from the SQA prior to submission for assessment. **(For more information visit the Samoa Qualification Authority website; [www.sqa.gov.ws](http://www.sqa.gov.ws))**

List details of all relevant qualifications you hold to the job offer?

Name of qualification	Date obtained	Tertiary Institution

List details of all relevant trainings you hold to the job offer?

Name of qualification	Date obtained	Tertiary Institution

E8. **Employment - (You must attach copies of two work references from previous employers)**

List all periods of previous employment relevant to the job offer?

Job title / Occupation	Date from – to	Contact details referee




## SECTION F: DECLARATION

I..... have provided true and correct answers to the questions in this form.

- I agree to inform the Ministry of Commerce, Industry and Labour (MCIL) about any changes to my employment circumstances whilst the validity of my FEEP after the approval of this application.
- I agree to leave Samoa upon the expiration of my FEEP, and only under exceptional circumstances approved by the Chief Executive Officer, MCIL apply for a new Employment Permit to continue working in Samoa.
- I agree to work only for the employer, and only in the occupation as stated in the Employment Permit ID card issued by MCIL.
- I understand that if I provide false or misleading information as part of this application, this may lead to the revocation of my foreign employee employment permit issued pursuant to Part IX, of the Labour and Employment Relations Act 2013 and Amendment Act 2023.
- I have provided all the necessary documents required by the checklist.

Principal Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_