**Application for a work permit (B1)**

|  |
| --- |
|  |
| [ ]  valid for a EU/EFTA citizens |
| [ ]  valid for Nationals of Non-EU/EFTA countries (Third countries) |
| **Particulars concerning the foreign employee:** |
| Complete in block letters, to tick a box, required enclosures according to the list of required enclosures |
| Family name |       |
|  |
| First name  |       | Date of birth |       |
|  |  | day / month / year |
| Nationality |       | Phone |       |
|  |
| Residence abroad |       |
| Postcode / city abroad |       |       |
|  |
| Residence of Switzerland |       |
| Postcode / city of Switzerland |       |  |
|  |
| sex: | [ ]  female | [ ]  male |  |  |  |
|  |  |  |  |  |  |
|  |
| **The applicant would like to have:** |
|  |
|  |
| [ ]  prolongation of an already existed work permit (complete Place, Date, Signature and attach a copy of the permit) |
| [ ]  renewal of the already existed work  |
| [ ]  grant a new work permit (together with the required enclosures as outlined in the attached list) |
|  |
| Purpose of stay |       |
|  |
| Duration of stay | from |       |  | till |       |  | [ ]  unlimited duration |
|  | day /month / year | day / month / year |  |
| Place of visa: | Where the permit is to be picked up (Swiss embassy or consulate general see:www.eda.admin.ch/eda/de/home/reps.html) |
|  |       |
|  |
| Which work permit would you like to apply for?  |
| [ ]  short-term residence permit up to 4 months | [ ]  take up employment |
| [ ]  short-term residence permit up to a maximum of 120 days or 4 months within a year | [ ]  change employment |
| [ ]  short-term residence ( L-permit) | [ ]  secondary occupation |
| [ ]  residence permit (B-permit) | [ ]  activity of an independent character |
| [ ]  according to employment agreement |  |
|  |
|  |
| Place |       | Date |       |
|  |  | day / month/ year |
| Signature of the applicant  |
|  |
| **Please send this application to:** Arbeitsamt Nidwalden Tel +41 41 618 76 54 E-Mail InternetStansstaderstrasse 54Postfach 1251 Fax +41 41 618 76 58 arbeitsamt@nw.ch [www.nidwalden.ch](http://www.nidwalden.ch)6371 Stans |
| **together with the required enclosures as outlined in the attached list** |

**Employer or place of work (Form B1, Page 2)**

|  |  |
| --- | --- |
| Employer |       |
|  |
| Name of company |       |
|  |
| Address |       |
|  |
| P.O. Box |       |       |
|  |
| Responsible person |       |
|  |
| Phone |       | Fax |       |
|  |
| E-mail |       |
|  |
| Is the employer under a collective agreement? | [ ]  Yes | [ ]  No | Name |       |
|  |

**Information for employment market examination**

|  |  |
| --- | --- |
| Function and job title |       |
|  |
| Planned date of entry |       |  | Volume of employment | [ ]  full time | [ ]  part time |
|  | day / month / year |  |
| Remuneration in CHF(if paid out in Switzerland) |       | [ ]  hourly labour | [ ]  per month gross | semester hours |       |
|  |
| Has this vacancy been published ( RAV, newspaper, internet, human resources) | [ ]  yes | [ ]  no |
| Other description of your recruiting efforts (enclose all documents)  |       |
|  |
| Formerly occupation in Switzerland | [ ]  Yes | [ ]  No |  | from |       |  | till |       |
|  | day / month / year | day / month / year |

## Compulsory Insurance für accident and sickness

|  |  |
| --- | --- |
| Insured against accident by which company (attach copy) |       |
| Insured against illness by which company (attach copy)  |       |
|  |
| Attachments as per the checklist must be added to the application  |
|  |
| Comment:                               |
|  |
|  |
| Place and Date      | Stamp and Signature of the employer      | Arbeitsamt approved       |