**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 Internet Stansstaderstrasse 54 Postfach 1251 Fax +41 41 618 76 58 [arbeitsamt@nw.ch](mailto: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 |