



**DOMINICA SOCIAL SECURITY
APPLICATION FOR REGISTRATION AS AN EMPLOYEE**

PARTICULARS OF APPLICANT

Social Security Number:

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Previous SS Number:

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(if applicable)

SURNAME:	COUNTRY OF BIRTH:			
MAIDEN NAME (if married)	DATE OF BIRTH: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">DAY</td><td style="width: 20px; text-align: center;">MONTH</td><td style="width: 20px; text-align: center;">YEAR</td></tr></table>	DAY	MONTH	YEAR
DAY	MONTH	YEAR		
FIRST NAME:	CONTACT NUMBERS:			
OTHER NAMES:	MAILING ADDRESS: _____			
SEX: Male Female	_____ _____			

MARITAL STATUS:	Married Divorced Common-law
	Single Separated Widow/Widower

EDUCATION:	Primary Secondary College/Tertiary University
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PARTICULARS OF MOTHER

FIRST NAME	SURNAME (at Applicant's Date of Birth)
OTHER NAMES	MAIDEN NAME (if married)

PARTICULARS OF SPOUSE

FIRST NAME	SURNAME															
OTHER NAMES	MAIDEN NAME (if applicable)															
Spouse's SS Number: (if applicable)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															

PARTICULARS OF EMPLOYMENT

OCCUPATION	NAME OF EMPLOYER:
EMPLOYER'S ADDRESS: _____ _____ _____	COMMENCEMENT DATE OF EMPLOYMENT:
	SALARY/WAGES (W/F/M) _____
	EMPLOYER'S TELEPHONE #:

I certify to the best of my knowledge and belief, that the above information is true. I am aware that providing false information to the Dominica Social Security is a criminal offence and will result in the applicable fines and or imprisonment.

EMPLOYER'S SIGNATURE AND STAMP

EMPLOYEE'S SIGNATURE

DATE: _____

DATE: _____

All applicants must provide their Birth Certificate and Marriage Certificate (if applicable). Non-nationals must provide their passport and work permit in addition to the other criteria herewith

FOR OFFICIAL USE ONLY

Enter initials in every box to show what evidence has been produced and sign and date below after checking. The form and documentary evidence should then be passed to the second checking officer for action.

DOCUMENTS SEEN

ORIGINAL BIRTH CERTIFICATE

BAPTISMAL CERTIFICATE

MARRIAGE CERTIFICATE

PASSPORT

WORK PERMIT

OLD APPLICATION FORM

COMPANY'S CERTIFICATE

COMPLETED

CARD ISSUED

RECORD SHEET

CROSS REFERENCING

FILING

LINKING

ECONOMIC ACTIVITY

1ST CHECKING OFFICER

NAME:

SIGNATURE:

DATE/TIME:

2ND CHECKING OFFICER

NAME:

SIGNATURE:

DATE/TIME: