EMPLOYMENT AND TRAINING CORPORATION

(Act. No.XXVIII 1990)

Declaration of Commencement of Employment
(Employed Persons)

Notes for Employers:

1. This form should be filled in for each employee.

2. In every case of new employment, this form, duly filled in, is to be sent to this Corporation on the **SAME DAY** of commencement of employment.

3. If this is the first-time job of the person who is to be employed such person should provide you with:

   (a) A formal birth certificate from the Public Registry (if under 21 years of age).

   (b) Identity Card.

   (c) Form NI 3 from the Department of Social Security or, in the case of non-Maltese nationals, a certificate from the same Department regarding exemption from Social Security contributions.

4. Children who have not attained the age 16 or who attained the age of 16 between the scholastic year (15th September to 16th July) should provide employer with a school certificate. This certificate is obtainable from the Department of Educational Services, Triq Fra Gaetano Pace Forno, Hamrun HMR 1000. To obtain this certificate the applicant must present the said Department with:-

   (a) A formal birth certificate from the Public Registry.

   (b) A declaration from the applicant's intending employer.

   (c) A certificate from the school last attended and

   (d) A letter from the parents stating that they agree that their son/daughter is to start work.

   This also applies to persons of compulsory school age who intend working during their summer months or who are starting a Part-time job.

   The employer shall also seek clearance from the Director of the Department of Industrial and Employment Regulations prior to recruitment of minor as per Young Persons (Employment) Regulations.

5. A non-Maltese national requires an Employment Licence (obtainable from the Employment and Training Corporation and the Employment Licences Unit) before being employed.

6. The certificates indicated in paragraph 3 and if applicable, the certificates indicated in paragraphs 4 and 5 are to be sent to this Corporation together with this form.

7. The terms used in the second column of Part II of this declaration (Employment details) should be interpreted as follows:

   a) "Definite Contract" refers to temporary employment where a predetermined termination date is agreed to by both employer and employee;

   b) "Indefinite Contract" refers to permanent employment, meaning that employment remain valid one of the parties concerned decides to terminate it;

   c) "Casual Worker" is a person called up for duty when required not on a fixed basis;

   d) "Outworker" is a person working from his/her own residence and who is paid on a per item basis and not with fixed salary;

   e) "Apprentice" is a person still enrolled in an educational or training scheme and at the same time is attached to the employer as part of that scheme;

   f) "Student" is a person:

      (i) studying full-time and receiving a stipend, and

      (ii) working and/or training during the school holidays.

8. Part III (Employer Details), "Employer No." is a number given to you by the Corporation when you registered as a company or as a self-employed with employees. If this is the first time that you are employing anybody and you still do not have this number, leave it blank. In the meantime all other details have to be filled in.

9. Declaration forms should be sent:

Malta:

Employment and Training Corporation
Human Resources Information Unit
BIRZEBBUĠA BBĠ 3000

In case of difficulty phone 22201259-260
E-mail: hriu.etc@gov.mt

Gozo:

Employment and Training Corporation
Mgarr Road
XEWKIJA XWK 9011

In case of difficulty phone 21561513

A receipt will be issued for each form accepted.

10. Any employer who does not send in this declaration within the stipulated time is liable to a fine as envisaged in Legal Notice 110 of 1993.

11. Engagement Forms can also be submitted through ETC's website- www.etc.gov.mt

12. These notes are for information purposes only.

IMPORTANT: BEFORE FILLING IN THIS FORM PLEASE READ NOTES ON PAGES 1-2

PART I: EMPLOYEE DETAILS

Identity Card Number ☐☐☐☐☐☐☐☐ Social Security Number ☐ ☐☐☐☐☐☐ ☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth
☐☐ Day ☐☐ Month ☐☐☐☐ Year

Address:

No./Name of Residence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Town/Village ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Post code ☐☐☐☐☐☐

Gender:

Male ☐

Female ☐

Citizenship:

Maltese ☐

Foreign ☐

Dual ☐

State:

Single ☐

Married ☐

Separated ☐

Divorced/Annulled ☐

Widow/er ☐

Nationality: _____

Father's Name and Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Maiden Surname
(In case of married woman) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name and Surname of wife/husband: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PART II: EMPLOYMENT DETAILS

Type of Work:
(Be sure that you Tick one from column **A** and one from column **B**)

A. Full-time ☐

Part-time ☐

Full-time ☐
(Reduced Hours)

B. Definite Contract ☐

Indefinite Contract ☐

Casual worker ☐

Outworker ☐

Trainee/Apprentice ☐

Student ☐

Designation
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Trade of Profession
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Place of employment
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Commencement
☐☐ Day ☐☐ Month ☐☐☐☐ Year

If Employment is on a Definite Contract, please insert expiry date
☐☐ Day ☐☐ Month ☐☐☐☐ Year

PART III: EMPLOYER DETAILS

Employer No.

Name and Surname

Company Name

Address: No./Name of Residence

Street

Town/Village Post code

Telephone Fax P.E. No.

V.A.T. No. E-Mail

Mobile

Main Activity of business _____

Tick where applicable:

- Self-Employed without employees ☐
- Self-Employed with employees ☐
- Non Profit-Making organization ☐
- Partnership ☐
- Company / Co-operative ☐
- Government Department or Entity ☐

If Employer is a company:

- Company, that forms part of a group ☐
- Holding Company ☐
- Company, that does not form part of a group ☐

Sector:

- Government Department ☐
- Corporation/Authority ☐
- Government majority shareholding ☐
- Company with Government / Private equal shareholding ☐
- Company – Maltese owned ☐
- Company – Foreign owned ☐

PART IV: DECLARATION

I, whose particulars appear below, in my own name or as duty authorized, declare that the details given in this form are true and correct, and that the employee has been made aware of the details contained in this form.

_____ Signature of Employer

_____ Signature of Employee

_____ Designation

Identity Card Number

Date Day Month Year

"If the Employer fills in this form he should ensure that the data required to fill in this form is obtained in so far as possible, first hand from the employee. Wherever data about the employee is obtained from a third party, the employee should be informed and the accuracy of the data ascertained.

Personal data is collected and held by ETC and is used by ETC and/or transferred to third parties in order to fulfill ETC's functions according to law and in line with the provisions of the Data Protection Act. You should disclose to ETC personal data which is correct. You have a right to access your personal data as well as to request that any incorrect personal data be rectified. You should ask for assistance if you have any queries."