



## **EMPLOYMENT AND TRAINING CORPORATION**

(Act. No. XXVIII 1990)

### **Declaration of Commencement of Employment Employment 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 Welfare section of the Education Department, The Mall, Floriana. 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.

5. A person born outside Malta who has not yet reached the age of 21 years and who holds dual nationality (Maltese and that of another country), requires a certificate regarding his or her nationality from the Department of Citizenship and Expatriates Affairs.
6. A non-Maltese national requires an Employment Licence (obtainable from the Employment and Training Corporation and the Employment Licences Unit) before being employed.
7. The certificates indicated in paragraph 3 and if applicable, the certificates indicated in paragraphs 4,5 and 6 are to be sent to this Corporation together with this form.
8. 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 until 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.
9. 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.

10. Declaration forms should be sent:

**Malta:**

Employment and Training Corporation  
Human Resources Information Unit  
P.O. Box 20, BIRZEBBUGA BBG 01

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

**Gozo:**

Employment and Training Corporation  
Mgarr Road  
VICTORIA VCT 111

(In case of difficulty phone 21 561513)

A receipt will be issued for each form accepted.

11. 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.
12. Engagement Forms can also be submitted through our website - [www.etc.gov.mt](http://www.etc.gov.mt)
13. 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   
**Marital Status:** Single  Married  Separated  Divorced/Annulled  Widowed

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 or 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.

Vat Number  E-Mail:

Mobile

**Main Activity of business** \_\_\_\_\_

**Tick where applicable:**

Self-Employed without employees	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Self-Employed with employees	<input type="checkbox"/>	Company / Co-operative	<input type="checkbox"/>
Non Profit-Making organization	<input type="checkbox"/>	Government Department or Entity	<input type="checkbox"/>

**If Employer is a company:**

Company, that forms part of a group	<input type="checkbox"/>	Company, that does not form part of a group	<input type="checkbox"/>
Holding Company	<input type="checkbox"/>		

**Sector:**

Government Department	<input type="checkbox"/>	Company with Government / Private equal shareholding	<input type="checkbox"/>
Corporation/Authority	<input type="checkbox"/>	Company - Maltese owned	<input type="checkbox"/>
Government majority shareholding	<input type="checkbox"/>	Company - Foreign owned	<input type="checkbox"/>

**PART IV: DECLARATION**

I, whose particulars appear below, in my own name or as duly 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 fulfil 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"