



Application form for Employer Job (PRSI) Incentive Scheme

- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS**.
- Please answer **all questions** that apply to you.

Part 1

Employer's details

This section is to be completed by the employer when taking on an additional worker.

1. Name of business or company:	<input type="text"/>
	<input type="text"/>
2. Address of business or company:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
3. Telephone number of business or company:	<input type="text"/>
	MOBILE <input type="text"/>
4. Your email address:	<input type="text"/>
	<input type="text"/>

Employer declaration

I declare that all the information I have given on this form is accurate and that on the date of recruitment, I was registered as a **private sector employer** or as **self-employed** with the Revenue Commissioners. I accept that if the job ceases within six months of the granting of any exemption under the scheme, I may be liable to pay the full amount of employer's PRSI exempted.

Signature of employer (not block letters)

Position or role in business or company

Date:

D D

M M

2 0 Y Y Y Y

Employer's official stamp

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

5. Employer's registered number:

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6. I enclose a recent Tax Clearance Certificate dated:

				2	0		
D	D	M	M	Y	Y	Y	Y

7. I have taken on or I propose to take on the person named in Part 2 as a full-time employee from:

				2	0		
D	D	M	M	Y	Y	Y	Y

8. Total number of employees three months prior to taking on the person named in Part 2:

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9. Total number of employees immediately prior to taking on the employee named in Part 2:

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The job should represent an increase in the workforce.

10. Have you already availed of the Employer Job (PRSI) Incentive Scheme?

Yes No

If 'Yes', please give details in the space provided:

11. Average number of weekly hours you expect the new employee named in Part 2 to work:

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hours a week

Minimum of 30 hours must be offered.

12. How long will the job last?

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 months

Position must be for at least six months.

Part 2

Employee's details

This section is to be completed by the employer.

Please state the employee's:

13.PPS No.:

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14.Title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

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15.Surname:

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16.First name(s):

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17.Address:

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18.Telephone number:

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MOBILE

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LANDLINE

19.Email address:

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20.Were they in receipt of one of the following social welfare payments for at least six months:

Jobseeker's Benefit:

Yes

No

Jobseeker's Allowance:

Yes

No

One-Parent Family
Payment:

Yes

No

Disability Allowance:

Yes

No

21.Were they on a Work Placement Programme administered by FÁS for at least three months?

Yes

No

Employee declaration

I declare that all the details given above on this form are true.

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Date:

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D D

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M M

2	0		
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Y Y Y Y

Signature of employee (not block letters)

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Have you enclosed the following?

- **Company Tax Clearance Certificate.**
Original certificates only.

Note: You should operate standard employee and employer PRSI pending approval.

Please remember to sign the declaration. If you need any help to complete this form, please contact the Employer Job (PRSI) Incentive Scheme Section or log on to www.welfare.ie.

Send this completed application form to:

Employer Job (PRSI) Incentive Scheme

Department of Social Protection

Floor 2

Shannon Lodge

Carrick-on-Shannon

Co. Leitrim

LoCall: 1890 927 999 (from the Republic of Ireland only)

Telephone: +353 71 9672616 (from Northern Ireland or overseas)

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.