



OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL ATLANTIC IMMIGRATION PILOT

BUSINESS INFORMATION

1. Business operating name		2. Business legal name		3. Telephone number	
4. Business mailing address:					
Street and number		City		Province	Postal code
5. Business address (if different than mailing address):					
Street and number		City		Province	Postal code
6. North American Industry Classification Sector (NAICS) code(s) of Business sector					
7. Website address				8. Date of business establishment (YYYY-MM-DD)	
9. Size of business					
Number of employees ▶ <input type="checkbox"/> Under 100 employees <input type="checkbox"/> Over 100 employees					
Gross income ▶ <input type="checkbox"/> Less than \$30,000 <input type="checkbox"/> \$30,000 to 5 million <input type="checkbox"/> Over 5 million					
10. Describe the principal business activity					

PRIMARY CONTACT INFORMATION OF EMPLOYER

11. Family name (surname)		12. Given name(s)		13. Job title	
14. Telephone number		Extension	15. Fax number		16. Email address

DETAILS OF JOB

17. Job title	18. National Occupational Classification (NOC) code			
19. Does the job meet the following requirements of the Atlantic Immigration Pilot Program?				
<input type="checkbox"/> Job is full-time	<input type="checkbox"/> Job is non-seasonal			
<input type="checkbox"/> Job is in Atlantic Canada	<input type="checkbox"/> Job is genuine and represents a labour market need			
20. Address of physical job location (if different than business address)				
Street and number	City	Province	Postal code	
21. Expected start date of employment (YYYY-MM-DD)	22. Expected duration of employment (YYYY-MM-DD)			
23. Main duties of the job				
24. Minimum education requirements of the job				
<input type="checkbox"/> Doctorate/PhD	<input type="checkbox"/> Doctor of Medicine	<input type="checkbox"/> Master's degree		
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> College level diploma/certificate	<input type="checkbox"/> Apprenticeship diploma/Certificate		
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Vocational school diploma/certificate	<input type="checkbox"/> No formal education requirement		
Minimum language requirements for the job: _____				
For assistance, please consult http://www.language.ca/documents/CLB_Can_Do_Statements_Employment.pdf				
Additional information:				
25. Experience/skills requirements of the job				
26. Are there provincial/territorial/federal certification, licensing or registration requirements of the job?				
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, indicate the name of the certifying/licensing/registering body ►				
27. Wage in Canadian dollars and number of work hours				
Amount per hour	Amount per year	Total number of work hours per day	Total number of work hours per week	Total number of work hours per month
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Overtime rate per hour of: _____ starts after _____ hours of work per week.				
28. Alternate compensation scheme (if applicable)				
Please describe: _____				

DETAILS OF JOB (CONTINUED)

29. Benefits

- Disability insurance Dental insurance Pension
- Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment)
- Vacation ► Days: _____ (Number of business days per year) OR
- Remuneration: _____ (% of gross salary)
- Other benefits, please specify ► _____

EMPLOYEE INFORMATION

30. Family name (surname) as shown on the passport		31. Given name(s) as shown on the passport		32. Gender	33. Date of birth (YYYY-MM-DD)	34. UCI / ID client no.	
35. Country of birth		36. Country of residence		37. Citizenship	38. Passport number	39. Family status	
40. Accompanying family members and ages							
41. Mailing address							
P.O. box	Apartment/Unit	Street number	Street name			City/Town	
Country		Province/State			Postal code	District	
42. Email address				43. Telephone number			

DECLARATION OF EMPLOYER**Important: You must read and sign this section**

- I certify that I am actively engaged in the business in respect of which the offer of employment is made and understand that I must remain so during the period of employment for which the work permit is issued to the foreign national.
- I certify that I am compliant with, and will comply with, the federal/provincial/territorial laws that regulate employment and the recruitment of employees, in the province/territory in which it is intended that the foreign national work and, if applicable, with the terms and conditions of any collective agreement.
- I certify that I will provide the foreign national with employment in the same occupation as that set out in the foreign national's offer of employment and with wages and working conditions that are substantially the same.
- I certify that I will make reasonable efforts to provide a workplace that is free of abuse which includes physical, sexual, psychological or financial abuse.
- I confirm that I have read and understood the contents of this form. I declare that the information that I have provided in this form is true, complete and accurate.
- I confirm that I understand that the information contained herein may be disclosed to designated service providers responsible for providing mandatory needs assessments under the requirements for endorsement under the Atlantic Immigration Pilot.
- I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, the potential employee's application could be rejected. I further confirm that I understand that providing such false or misleading information, making a false declaration or failing to declare all information material to the potential foreign workers application could be an offense and/or constitute non-compliance under the *Immigration and Refugee Protection Act*.
- I consent to the collection and disclosure of the information contained herein, including for monitoring and evaluation purposes.

Name of employer_____
Signature of employer_____
Date (YYYY-MM-DD)

DECLARATION OF EMPLOYEE**Important: Employee must read and sign this section**

- I confirm that I have read and understood the contents of this form.
- I declare that the information that I have provided in Section 4 of this form is true, complete and accurate.
- I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, this application could be rejected. I further confirm that I understand that providing such false or misleading information or concealing material facts could be an offense and/or constitute non-compliance under the *Immigration and Refugee Protection Act*.
- I confirm that I understand that the information contained herein may be disclosed to designated service providers responsible for providing mandatory needs assessments under the requirements for endorsement under the Atlantic Immigration Pilot.
- I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the *Immigration and Refugee Protection Act*, I may be barred from entering Canada for a period of five years following a final determination of my inadmissibility or, if this determination is made in Canada following my removal from Canada.
- I consent to the collection and disclosure of the information contained herein, including for monitoring and evaluation purposes.

Name of employee_____
Signature of employee_____
Date (YYYY-MM-DD)**Privacy Statement**

Information provided to IRCC is collected under the authority of the *Immigration and Refugee Protection Act* (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), The Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), The Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the *Privacy Act*. Information may be disclosed to foreign governments, law enforcement bodies, and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Depending on the type of application made, the information you provided will be store in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's *Privacy Act*. Individuals also have the right to protection and access to their personal information stored in each corresponding PIB under the *Access to Information Act*. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website (<http://infosource.gc.ca>) and through the IRCC Call Centre. Infosource is also available at public libraries across Canada.