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OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL ATLANTIC IMMIGRATION PROGRAM

SECTION 1: BUSINESS INFORMATION

1. Business operating name		2. Business lega	al name			3. Tel	ephone number
A Dusiness mailing address							
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 esta	blishm	ent (YYYY-MM-DD)
9. Size of business							
Number of employees	s Over 10	0 employees					
Gross income		to 5 million	Over 5 millio	n			
	0 \$00,000						
10. Describe the principal business activity							

SECTION 2: PRIMARY CONTACT INFORMATION OF EMPLOYER

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

SECTION 3: DETAILS OF JOB

17. Job title			18. National Occupationa	I Classification (NOC) code		
19. Does the job meet the following requirements of the Atl	antic Immigi	ration Program?				
Job is full-time Job is non-seasonal			One year job offer for NOC 0, A, or B			
Job is in Atlantic Canada	Job is	s genuine and repre	sents a labour market need	Permanent job offer for NOC C		
20. Address of physical job location (if different than busine	ss 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						

SECTION 3: DETAILS OF JOB (CONTINUED)

24. Minimum education requirements of the job						
O Doctorate/PhD	O Doctor of Medicine	O Master's degree				
O Bachelor's degree	College level diploma/certificate	Apprenticeship d	iploma/Certificate			
High school diploma	O Vocational school diploma/certif	ricate O No formal educa	tion requirement			
Minimum language requirements for the job:						
For assistance, please consult						
Additional information:						
25. Experience/skills requirements of the job						
26. Are there provincial/territorial/federal certification, lice	ensing or registration requirements of t	he job?				
No Yes – If yes, indicate the name of the ce	rtifying/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			
Overtime rate per hour of:	starts after	hours of work per week.				
28. Alternate compensation scheme (if applicable)						
Please describe:						
29. Benefits						
Disability insurance	Dental insurance	Pension				
Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment						
Vacation Days:(Number of busines	ss days per year) OR					
Remuneration:(% of gross salary)						
Other benefits, please specify						

SECTION 4: EMPLOYEE INFORMATION

30. Family name (surname) as shown on the passport			31	1. Given nar	ne(s)	as shown on t	ne passpor	t		
32. Gender 33. Date of birth (YYYY-MM-DD) 34. UCI / ID client no			o. 35. Country of birth							
36. Country of residence 37. Citizenship				38. Passport number 39. Marital status		larital status				
40. Accompanying family members and their date of birth										
41. Mailing address										
P.O. box Apartment/Unit Street number Street name							City/Towr	I		
Country Province/State				Postal code		District				
42. Email address										43. Telephone number

SECTION 5: 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 of which the work permit is issued to the foreign national.	offer of employment is made and understand that I must rer	main so during the period of employment for					
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 i 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	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 assessments under the requirements for endorsement under the Atla		ible for providing mandatory needs					
I understand that Immigration, Refugees and Citizenship Canada will information-sharing agreements or except as authorized or required by		Parties, except as described in bilateral					
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	d herein, including for monitoring and evaluation purp	oses.					
Name of employer	Signature of employer	Date (YYYY-MM-DD)					
SECTION 6: 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 i	is true, complete and accurate.						
	ave otherwise provided false or misleading information ed. I further confirm that I understand that providing su	ch false or misleading information or					
I declare that the information that I have provided in Section 4 of this form i I confirm that I understand that if I have made a false declaration or ha material fact, my application for permanent residence could be rejected	ave otherwise provided false or misleading information ed. I further confirm that I understand that providing su compliance under the Immigration and Refugee Protect be disclosed to designated service providers responsi	ich false or misleading information or ion Act.					
I declare that the information that I have provided in Section 4 of this form i I confirm that I understand that if I have made a false declaration or hi material fact, my application for permanent residence could be rejecte concealing material facts could be an offense and/or constitute non-c I confirm that I understand that the information contained herein may	ave otherwise provided false or misleading information ed. I further confirm that I understand that providing su compliance under the Immigration and Refugee Protect be disclosed to designated service providers responsi untic Immigration Program. presentation under section 127 of the Immigration and I	ich false or misleading information or ion Act. ible for providing mandatory needs Refugee Protection Act, I may be barred					
I declare that the information that I have provided in Section 4 of this form i I confirm that I understand that if I have made a false declaration or h material fact, my application for permanent residence could be rejecte concealing material facts could be an offense and/or constitute non-c I confirm that I understand that the information contained herein may assessments under the requirements for endorsement under the Atla I also understand that should I be found to be inadmissible for misreg from entering Canada for a period of five years following a final determine the statement of the stat	ave otherwise provided false or misleading information ed. I further confirm that I understand that providing su compliance under the Immigration and Refugee Protect be disclosed to designated service providers responsi untic Immigration Program. presentation under section 127 of the Immigration and I mination of my inadmissibility or, if this determination	ich false or misleading information or ion Act. ible for providing mandatory needs Refugee Protection Act, I may be barred					
I declare that the information that I have provided in Section 4 of this form i I confirm that I understand that if I have made a false declaration or ha material fact, my application for permanent residence could be rejected concealing material facts could be an offense and/or constitute non-co I confirm that I understand that the information contained herein may assessments under the requirements for endorsement under the Atla I also understand that should I be found to be inadmissible for misreg from entering Canada for a period of five years following a final determined	ave otherwise provided false or misleading information ed. I further confirm that I understand that providing su compliance under the Immigration and Refugee Protect be disclosed to designated service providers responsi- intic Immigration Program. presentation under section 127 of the Immigration and I mination of my inadmissibility or, if this determination or monitoring and evaluation purposes. not disclose the information contained herein to Third	ich false or misleading information or ion Act. ible for providing mandatory needs Refugee Protection Act, I may be barred is made in Canada following my removal					

Name of employee	Signature of employee	Date (YYYY-MM-DD)
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Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, non-governmental organizations, provincial/territorial governments and foreign governments for the purpose of validating identity, admissibility and eligibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, risk management, subsequent program eligibility, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the <u>Privacy Commissioner of Canada</u>. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 042.