



FOREIGN WORKER APPLICATION

Application for a Labour Market Opinion

| EMPLOYER INFORMATION | | | | | | |
|---|---|--|---|---|---|--------------------|
| 1 Employer ID # (if applicable) | 2 Canada Revenue Agency (CRA) Business Number | 3 Employer Name (name of business) | | | | |
| 4 Business Telephone Number () - | 5 Address: Number / Street / PO Box # | 6 City | 7 Province/State | | | |
| 8 Country | 9 Postal/Zip Code | 10 Date business started (yyyy-mm-dd) | 11 Website Address | | | |
| 12 Describe the principal business activity: | | | | | | |
| 13 Contact Name: _____ First Middle Last | | | | 14 Job Title | | |
| 15 Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French | | 16 Contact Phone Number () - | | Ext. | 17 Fax Number () - | |
| 18 E-mail | | | | 19 Number of Canadians/permanent residents employed in Canada. | | |
| 20 Have you employed a foreign worker in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If applicable, number of foreign workers currently employed in Canada (neither Canadian citizens nor permanent residents). | | | | | | |
| 21 Were any employees laid off in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many? Reason(s) for layoff(s) and occupations affected: | | | | | | |
| * THIRD PARTY INFORMATION (if applicable) | | | | | | |
| 22 Company Name | | | | 23 Third Party Representative authorized to act for employer _____ First Name Middle Last | | |
| 24 Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French | | 25 Address: Number / Street / PO Box # | | | | |
| 26 City | | 27 Province/State | | 28 Country | | 29 Postal/Zip Code |
| 30 Telephone Number Extension () - | | 31 Fax Number () - | | 32 E-mail address | | |
| If you are a third party representative acting on behalf of an employer, written authorization from the employer to act on his/her behalf is required. Employers who wish to have third party representation should fill out the "Appointment of Representative" sheet attached to this form. HRSDC reserves the right to contact the employer directly if necessary. | | | | | | |
| DETAILS OF JOB OFFER | | | | | | |
| Use a separate sheet for each additional job offer. If you are requesting a Labour Market Opinion for identical job offers, provide the information only once. | | | | | | |
| 33 Job title | | | 34 Is the job temporary with intent to permanent? <input type="checkbox"/> No <input type="checkbox"/> Yes | | 35 Number of foreign workers you are requesting under this job title (same wage, job description, location, etc)? | |
| 36 Expected duration of employment ____ days ____ weeks ____ months ____ years | | | 37 Expected start date of employment, if any (yyyy-mm-dd) | | | |
| 38 Location of job : Number and Street | | | 39 City Postal Code | | 40 Province | |

DETAILS ON JOB OFFER (continued)

41 Main duties of the job

42 Educational requirements of the job:

- | | | |
|--|--|--|
| <input type="checkbox"/> Doctorate/PhD | <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"/> Trade diploma/certificate |
| <input type="checkbox"/> Secondary school | <input type="checkbox"/> Vocational school diploma/certificate | <input type="checkbox"/> No formal education requirement |

Additional information:

43 Experience/skills requirements of the job:

44 Language requirements: Indicate the language requirement that is needed for this position. If you indicate a language that the foreign worker does not speak, a CIC officer will refuse the application, even if the worker is suitable for the position.

Oral : English French Other None Written: English French Other None

If "Other", please explain.

45 Salary (in Canadian dollars)

| | | | | | | | |
|----------|----------|-----------|----------|----------|-------------------------|--------------------------|---------------------------------|
| per hour | per day | per month | per year | other | Number of hours per day | Number of hours per week | Total number of hours per month |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ | _____ |

46 Benefits:

disability insurance medical insurance dental insurance pension Number of paid vacation days _____

47 Other benefits: _____

48 Are there provincial/territorial/federal certification, licensing or registration requirements of the job?

No Yes → If yes, what is the name of the certifying/licensing/registering body?

Please note: Citizenship and Immigration Canada will check to ensure the foreign worker holds the required certification, licensing or registration requirements when processing the work permit application.

DETAILS ON JOB OFFER (continued)

49 Is the position part of a union?

 No Yes → If yes, what is the name of the union?

Has the union been consulted about the hiring of a foreign worker?

 No Yes → If yes, what is the position of the union? Provide details. Attach documentation, if available.

50 Is there a labour dispute in progress?

 No Yes → If yes, please provide details.

51 Have you attempted to recruit Canadians / permanent residents for this job?

 Yes → If yes, provide details of your recruitment efforts and the results.

(Attach supporting documentation such as advertisements in local and national newspapers, recognized Internet job sites, job-specific and professional publications, recruitment drives, job fairs, etc.)

 No → If no, please explain.

52 What are the potential benefits to the labour market in Canada that will occur as a result of employing the foreign worker?

 filling a labour shortage transfer of new skills or knowledge to Canadians/permanent residents direct job creation or retention of Canadians/permanent residents other

Provide details:

53 Do you plan to train Canadians / permanent residents for the position to be filled by the foreign worker?

 No Yes → If yes, provide a brief description of the training plan.**FOREIGN WORKER INFORMATION****Please provide information on a separate sheet for each foreign worker coming into Canada.**

54 Name of Foreign Worker - Family Name

55 Given Name(s)

56 Male Female

57 Date of Birth (yyyy-mm-dd)

58 Country of Residence (where worker currently lives)

59 Citizenship

60 If the foreign worker is currently in Canada, please indicate the immigration status:

 visitor foreign worker refugee claimant student

61 Title of job offered to the foreign worker

ENTERTAINMENT REQUEST (if applicable)

62 Name of the Production

63 Total number of people involved in the Production

64 Type of Production

65 A copy of the contract between the employer and the foreign entertainer must be attached with this application form, except for film and TV requests.

Contract included with application? Yes No

DECLARATION OF EMPLOYER

I am an unincorporated employer, sole proprietor or partnership. Yes No

If you answered "YES" to the above:

I understand that some provinces and territories operate, pursuant to agreements with the federal Department of Citizenship and Immigration, provincial nominee programs. I hereby consent to HRSDC providing the personal information contained in this request for a Labour Market Opinion to the provincial/territorial government(s) of the province(s) or territory(ies) where I carry on business to be used by the province(s) or territory(ies) for the administration of their Provincial Nominee Programs.

Yes
 No

Agreement to Participate in the Monitoring Initiative

(The Initiative does not apply to employers seeking foreign workers to fill job offers located in Quebec.)

- I have read and understand the [Monitoring Initiative Fact Sheet](#) and agree to participate in the Initiative.
- I have read and understand the [Monitoring Initiative Fact Sheet](#) and do NOT agree to participate in the Initiative.

PRIVACY NOTICE

I understand the information contained on this form and on any sheet attached thereto, including information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information and personal information collected by Human Resources and Skills Development Canada (HRSDC) for the purpose of providing a labour market opinion pursuant to the *Immigration and Refugee Protection Regulations* shall be used by HRSDC and shared with Citizenship and Immigration Canada (CIC) solely for that purpose. I understand that this information may also be shared with federal, provincial and/or territorial governments. This information may be shared with Provincial/Territorial governments for the purpose of administration and enforcement of Provincial/Territorial legislation, including employment standards and occupational health and safety legislation. Finally, I understand that this information may also be used by HRSDC and shared with CIC for policy analysis, research and/or evaluation in relation to the entry and hiring of foreign workers to Canada or the *Immigration and Refugee Protection Act*.

I understand that I have no obligation to complete and sign this application, but that failure to do so may prevent HRSDC from providing a Labour Market Opinion as required by the *Immigration and Refugee Protection Regulations*.

Authority to collect the information contained on this form and on any sheet attached thereto, including any information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information and personal information collected by HRSDC for the purposes described above is provided under the *Department of Human Resources Development Act* and the *Immigration and Refugee Protection Act*. Once under the control of HRSDC, the information contained in this form and on any sheet attached thereto that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other personal information collected by HRSDC for these purposes is administered in accordance with the *Privacy Act*. The *Privacy Act* gives individuals the right to access their personal information under the control of a federal government institution. Instructions for making formal requests are outlined in the publication *Info Source*, copies of which are located at all Service Canada Centres or at the following Internet address: <http://infosource.gc.ca> The personal information collected by HRSDC for the purposes described above will be retained in Personal Information Bank "HRDC PPU 440".

I certify that the information provided in this application is true and accurate.

Signature of Employer

Printed Name of Employer

Title of Employer

Date

SIGNATURE OF THIRD PARTY (if applicable)

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Third Party Representative

Printed Name of Third Party Representative

Date

INFORMATION FOR EMPLOYERS

Please forward this application to the Service Canada Centre responsible for processing foreign worker applications.

For the list of appropriate centres, please consult our website at:
http://www.hrsdc.gc.ca/eng/workplaceskills/foreign_workers/listhrcrcc.shtml

Once an officer assesses this application, the employer will be notified of the decision.

APPOINTMENT OF REPRESENTATIVE

To Human Resources and Skills Development Canada:

FOR THE PURPOSES OF AN APPLICATION FOR A LABOUR MARKET OPINION

I, _____, residing at
(name of employer)

(full address)

Telephone Number: () - _____

Fax Number: () - _____

hereby appoint _____
(name of representative)

of _____

(full address)

Telephone Number: () - _____

Fax Number: () - _____

as my representative to act on my behalf in relation to obtaining from Human Resources and Skills Development Canada a temporary employment confirmation of an offer of employment for

(name of individual to whom employment has been offered)

I hereby agree to ratify and confirm all that my representative shall do or cause to be done by virtue of this appointment.

This appointment shall remain in full force and effect until _____ unless due notice in writing of its revocation has been given to HRSDC.

(signature of employer)

(date)

(print name of employer)

Personal Information is administered in accordance with the Privacy Act. It will be retained in Personal Information Bank HRDC PPU 440. Individuals have the right to access their personal information. For instructions, please consult the government publication Info Source found in Human Resources Centres and available at the web site: <http://infosource.gc.ca>