



FOREIGN WORKER APPLICATION

Application to Extend a Labour Market Opinion

EMPLOYER INFORMATION			
1 Employer ID# (if applicable)	2 Original HRSDC system file number	3 Canada Revenue Agency (CRA) Business Number	4 Employer Name (name of business)
5 Address: Number / Street / PO Box #			6 City
7 Province/State	8 Country	9 Postal/Zip Code	
10 Contact Name	11 Contact Telephone Number & Extension () - ()	12 Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
13 Fax Number () -	14 Number of Canadian permanent residents employed in Canada.		
15 Number of foreign workers currently employed in Canada (neither Canadian citizens nor permanent residents).			
16 Were any employees laid off in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? Reason(s) for layoff(s) and occupations affected:			

* THIRD PARTY INFORMATION (if applicable)			
17 Company Name		18 Third Party Representative authorized to act for employer	
19 Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	20 Address: Number / Street / PO Box #		
21 City	22 Province/State	23 Country	
24 Postal/Zip Code	25 Telephone Number () -	26 Fax Number () -	Extension
27 E-mail			

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	
<p>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.</p>	
28 Job title	29 Is the job temporary with intent to permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No
30 Number of foreign workers with this job title you want to extend (same wage, job description, location, etc)?	31 Expected duration of employment _____ days _____ weeks _____ months _____ years
Location of job:	
32 Number and Street	33 City
	34 Province

DETAILS OF JOB OFFER (cont'd)

35 Main duties of the job (attach separate sheet if necessary):

36 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:

37 Experience/skills requirements of the job:

38 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
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	_____

39 Benefits:

- disability insurance
 medical insurance
 dental insurance
 pension

Number of paid vacation days _____

40 Other benefits: _____

41 Is there a labour dispute in progress? No Yes If yes, provide details.

42 Have you attempted to recruit Canadians / permanent residents for this job since the foreign worker was hired?

- 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 banks, job-specific and professional publications, recruitment drives, job fairs, etc.)
- No If no, please explain.

43 Have you trained Canadians / permanent residents for this position since the foreign worker was hired?

- No Yes If yes, provide details of efforts to train Canadians.

FOREIGN WORKER INFORMATION

Provide information in a separate sheet for each foreign worker you wish to extend.

Name of Foreign Worker

44 Family name

45 Given Name(s)

46 Title of job offered to the foreign worker

47 Please provide Work Permit Expiry Date for the foreign worker

**You may be asked to provide proof that you have paid the salary agreed to on the previous application.
If you have not paid the wages agreed upon, your request may be refused.**

ENTERTAINMENT REQUEST (if applicable)

48 Contract included with application? (not required for film and TV requests) Yes No

DECLARATION OF EMPLOYER

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 the Department of 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 departments or agencies as well as with municipal governments, unions, associations and other appropriate organizations for the same purpose. 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 Human Resources Centres of Canada 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

Name of Employer (Please Print)

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

Name of Third Party Representative (Please Print)

Date

INFORMATION FOR EMPLOYERS

Please forward this application to the HRSDC office responsible for processing foreign worker applications.
For the list of appropriate HRSDC offices consult the National Foreign Worker website at:
http://www.hrsdc.gc.ca/en/gateways/where_you_live/menu.shtml

or

consult the blue pages of your telephone directory under Government of Canada.

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

APPOINTMENT OF REPRESENTATIVE

To Human Resources and Skills Development Canada(HRSDC):

FOR THE PURPOSES OF AN APPLICATION FOR A LABOUR MARKET OPINION

I, _____, located 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 to

(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
Date (yyyy-mm-dd)

to HRSDC.

(signature of employer)

Date (yyyy-mm-dd)

(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 Resource Centres of Canada and available at the web site: <http://infosource.gc.ca>