

Employer Compliance Declaration Form

This form provides the Alberta Immigrant Nominee Program (AINP) with consent to seek information from the relevant administrative and regulatory agencies concerning an employer’s compliance with applicable key laws and regulations.

The personal information provided on this form and attachments is collected under the authority of the *Government Organization Act* (RSA 2000) and managed in accordance with the *Freedom of Information and Protection of Privacy Act* (RSA 2000). The information will be used for the purpose of administering the Alberta Immigrant Nominee Program. If you have any questions about the collection of this information, you can contact the Alberta Immigrant Nominee Program (AINP), Alberta Employment and Immigration, Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Telephone (toll-free in Alberta): 1-877-427-6419. Telephone: (780) 427-6419. Fax: (780) 427-6560. E-mail: immigration.info@gov.ab.ca.

Part 1

During the 12 months prior to the date of your application to the AINP for an allocation, has your business ever been cited for, or ever found to be in violation of, or in breach of, any of the following laws or regulations? *If you answer **yes**, please complete part 2 of this form.*
Note: a citation, violation or breach may result in the refusal of your application.

Alberta Employment Standards Legislation

Yes No

Alberta Workers' Compensation Legislation

Yes No

Occupational Health and Safety Legislation

Yes No

**Food Regulation under the Alberta Public Health Act
(Alberta Health Services - Restaurant Inspection Reports)**

Yes No

Alberta Human Rights Legislation

Yes No

Part 2

Summary of Compliance Citations, Violations and/or Breaches

In the space below, please state the applicable act/regulation, type of citation, violation or breach, the date of notification, any penalties imposed or remedial action required, and the date of decision or resolution. *Note: a citation, violation or breach may result in the refusal of your application.*

Note:

A citation, violation, or breach of any of the above legislation may result in the refusal of your application. Failure to mention a minor or major citation, violation or breach in the past 12 months on this form may result in the refusal of current and future applications submitted to the AINP on the basis of misrepresentation. The AINP reserves the right to declare the employer ineligible to apply under the program for no less than one year from the date of receipt of the application for any of the above reasons.

The onus is on the applicant to disclose to the AINP any citation, violation, breach or other contravention of the legislations described above, and to provide documented and verifiable support of the steps taken to resolve the citation, violation or breach, to the satisfaction of the proper legislative authority before an application is submitted.

Employers are obligated to uphold provincial standards for both workplace and public health and safety, and offer their candidate(s), on a permanent basis, a sustainable and reliable work environment. The AINP supports all legislation regarding a safe and healthy work environment, and will not approve an employer who does not adequately demonstrate compliance in meeting the applicable legislation.

Part 3

Consent and Declaration

- i) I consent to the AINP seeking information from the relevant administrative and regulatory agencies concerning our business's compliance with the applicable laws and regulations mentioned above. (Please note if you do not consent, your application will not be processed).
- ii) I confirm that the information I have provided in this form is to the best of my knowledge true, correct, and complete.
- iii) I understand that if any of the information in this form is found to be false or intentionally misleading that the AINP may refuse our application.
- iv) I understand the previous statements, and have asked for and received a satisfactory explanation of any point that was not clear to me.

This form must be signed by an employee or officer of the company authorized to make representations and enter into agreements on behalf of the Employer.

Employer (Business) Name _____

Name of Person Signing _____

Signature _____

Position of Person Signing _____

Date Signed (day, month, year) _____