



Office of Immigration  
Office de l'immigration

For Office of Immigration Use Only	
Applicant File Number:	Date:

1741 Brunswick Street, Suite 110A  
P.O. Box 1535  
Halifax, NS B3J 2Y3  
Ph: (902) 424-5230 Fax: (902) 424-7936 E-mail: [nsnp@gov.ns.ca](mailto:nsnp@gov.ns.ca)  
Website: [www.novascotiaimmigration.com](http://www.novascotiaimmigration.com)

## Nova Scotia Nominee Program (NSNP)

### NSNP 300 - Employer Application

### Family Business Worker Stream

The personal information that the employer provides in this form and supporting materials is collected, used, retained, and disclosed under the authority of the Nova Scotia *Freedom of Information and Protection of Privacy Act*. The information will be used to assist in evaluating your suitability for the Nova Scotia Nominee Program and to research, monitor, and evaluate the Program under the authority of the Nova Scotia *Freedom of Information and Protection of Privacy Act* and other relevant provincial legislation, the *Immigration and Refugee Protection Act* and Regulations and other relevant Federal legislation.

If you have any questions about the collection, use, retention, and disclosure of this information, please contact the Nova Scotia Office of Immigration.

### Who Can Apply

Please review the complete **Family Business Worker Stream Eligibility requirements in the Family Business Worker Stream Guide** available at [www.novascotiaimmigration.com](http://www.novascotiaimmigration.com)

Employers' applications to have Workers who are family members nominated for permanent immigration purposes under the NSNP may be considered if the employment offers:

- are for permanent, full-time position(s) in Nova Scotia
- meet prevailing regional wage standards and benefit package
- are made to persons who meet the required skills and qualifications for the position, are 'job-ready', and meet the criteria for the NSNP generally and the family business stream specifically
- do not conflict with existing collective bargaining agreements

For occupations requiring licensing or certification in Nova Scotia, you must contact the appropriate provincial, national and/or industry regulatory association prior to applying to verify that the worker meets licensing or certification requirements.

**IMPORTANT: Priority will be given to employers who can demonstrate that they will provide additional supports to assist newcomers with their settlement needs.**

This application must be completed in full, with accompanying attachments. Please note that failure to comply with the application requirements will delay processing.

Please send the completed Family Business stream application forms and accompanying documents to:

**Nova Scotia Nominee Program (NSNP)**  
c/o Nova Scotia Office of Immigration  
P.O. Box 1535  
Halifax, NS B3J 2Y3

**This form should be completed by the Family Business owner who is the Employer. Please print clearly.**

**Worker's full name:** \_\_\_\_\_  
 Name (family name, given name(s))

How is the Worker related to you or your spouse, conjugal or common-law partner? The Worker is my: (please check one)

- |                                   |                                  |                                |  |
|-----------------------------------|----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Brother | <input type="checkbox"/> Aunt  | <input type="checkbox"/> Granddaughter |
| <input type="checkbox"/> Son      | <input type="checkbox"/> Niece   | <input type="checkbox"/> Uncle | <input type="checkbox"/> Grandson      |
| <input type="checkbox"/> Sister   | <input type="checkbox"/> Nephew  |                                |  |

**A) Business Information**

1. Business name:	Name of Business Contact (family name, given name (s)):
-------------------	---

Name of Family Business owner if different from Business Contact (family name, given name (s)):

Telephone: ( )	Facsimile: ( )	E-mail:	Website:
-------------------	-------------------	---------	----------

Mailing Address:	City/Town:	Postal Code:
------------------	------------	--------------

2. Head Office information: Mailing Address:	Head Office (if applicable) City/Town:	Postal Code:
---	---	--------------

Head Office (if applicable) Telephone: ( )	Head Office (if applicable) Facsimile: ( )	Head Office (if applicable) E-mail:	Website:
--	--	--	----------

3. Corporate registry number:	4. Canada Revenue Agency business number:
-------------------------------	---

5. Date business established: \_\_\_\_\_ 6. Date business purchased: \_\_\_\_\_

7. Identify type of business ownership: \_\_\_\_\_

8. If partnership, provide name(s) of other partners and ownership in %.

_____	%
_____	%
_____	%
_____	%
_____	%

9. If incorporated corporation or limited company, provide names of shareholders and ownership in %.

	%
	%
	%
	%
	%

10. Description of Company: Please provide a concise description of your company's type of industry, goods manufactured, or services provided and **attach** information on the business.

11. Number of employees in Nova Scotia: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

12. Target markets for your company: (Please check (✓) all boxes that apply)

- Canada Specify Province(s)/Territories \_\_\_\_\_
- United States Specify State(s) \_\_\_\_\_
- International Specify Country(ies) \_\_\_\_\_

13. Have you sponsored family members in the past through the NSNP Family Business Stream?  Yes  No

If yes, please include T4 or pay stub verification that you have met past commitments to Nominees for the length of employment with your company.

## **B) Position Information**

### **1. Position Description**

Please attach:

- a detailed position description including roles & responsibilities, qualifications, education and, experience required (attach additional documents as needed)
- detailed conditions of employment
- copy of the accepted job offer with the signature of the authorized signing officer for your business and the signature of the Worker accepting the offer

### **2. Position Requirements**

Is this a permanent, full-time position?  Yes  No

a. Annual salary range: \_\_\_\_\_ b. Benefits & bonuses: \_\_\_\_\_

c. Education requirements:

University  Trade School/College  High School  Other: \_\_\_\_\_

d. Canadian/Nova Scotia industry/association standards required: (Please check (✓) all boxes that apply)

- Association standards     
  Industry standards     
  Journeyman standards  
 Licenses: \_\_\_\_\_     
  Other: \_\_\_\_\_

e. Is this a unionized position?     Yes     No    *If yes, please attach a letter indicating union concurrence.*

f. Language fluency required for the position

<u>English</u>	<u>Read</u>	<u>Speak</u>	<u>Write</u>	<u>French</u>	<u>Read</u>	<u>Speak</u>	<u>Write</u>
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Rationale for the position**

a. Is this a new position?     Yes     No

b. Describe why you need this position in your business: (Attach additional pages if necessary)

**4. Worker's ability to fill the position**

1. The Worker has the ability to carry out the duties of the position or will be provided training as required to meet Nova Scotia standards. Please attach details of the training to be provided.

<u>Job duty</u>	<u>Has relevant training</u>	<u>Will be trained</u>

**C) Supports and Retention Plan**

1. Describe any benefit plans, employee advancement opportunities, or other factors that may encourage the Worker to remain with your company. (Attach additional pages and provide attachments if necessary)

2. Will you provide the Worker with any assistance related to the payment of Government of Canada immigration fees, travel costs, or finding housing? Please explain.  Yes  No

3. Please describe what settlement supports you will provide to the Worker and the family in terms of housing, language classes, and other settlement needs.

#### **D) Temporary Work Permits**

An approved Provincial Nominee can apply for a Temporary Work Permit without Service Canada validation if:

- a) the employer demonstrates a need for the employee to start work before a Permanent Visa is issued, and
- b) the NSNP provides the nominated Worker with a letter of support.

If you expect the Worker to apply for a Temporary Work Permit, please attach an explanation of why you need the Worker to start work before obtaining a Permanent Residency Visa.

Would you like the NSNP to issue a letter of support?  Yes  No

Position NOC code (if known): \_\_\_\_\_ Refer to <http://jobfutures.ca/noc/browse-occupations-noc.shtml>

Once the Worker is nominated by the Province of Nova Scotia and receives a letter of support, he/she must attach an original of this letter to his/her application for a temporary work permit to Citizenship and Immigration Canada (CIC) (<http://www.cic.gc.ca/english/work/index.asp>). This letter replaces the need for a labour market confirmation from HRSDC-Service Canada Centre for this position.

#### **E) Nova Scotia Nominee Program**

1. How did you learn about the Nova Scotia Nominee Program? (Please check (✓) all boxes that apply)

NS Promotional Material  NS Office of Immigration Website  Industry Association

Word of mouth - Who? \_\_\_\_\_

Government Department (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

## F) Employer's Affidavit

### This affidavit must be signed by the Family Business Owner.

1. I declare that I have assessed the Worker's skills and job experience by a review of competencies used in previous jobs, testing, or other means, and that the Worker has the skills and job experience required for this position.
2. I declare that I have reviewed the Worker's English or French language ability and the Worker has sufficient English or French language capability to perform the employment duties and to be functional in Nova Scotia upon arrival.
3. I certify that, to my knowledge, the employment of the position does not conflict with any existing bargaining agreements, the settlement of any labour dispute or the employment of a person involved in such a dispute.
4. I swear this job offer and signed contract are *bona fide*.
5. I declare that I am a close family member of the Worker, as set out in the application guidelines of the NSNP Family Business Worker stream, and have provided civil status documents proving that relationship (i.e. birth certificates, adoption certificates, marriage certificates, and family tree diagram).
6. I declare that I clearly understand that applicant(s) to the NSNP must make a formal declaration of their intention to live and work in Nova Scotia, and that I will be prohibited from supporting other family members through the NSNP Family Business Worker stream in the future if the Worker named on this affidavit does not settle successfully in Nova Scotia.
7. I agree to ensure that the essential needs of the Worker and dependents are met from the date of landing, including, but not limited to, providing shelter, food, clothing, and other goods or services necessary for day-to-day living in Nova Scotia as well as dental care, eye care and other health care needs not provided by Nova Scotia Medical Services Insurance so the Worker and dependents will not need to apply for social assistance benefits.
8. I have sufficient resources to fulfill this affidavit and have provided confirmation of employment and other relevant documents to demonstrate my financial ability to honor my agreement commitments.
9. I understand the Nova Scotia Nominee Program is not a sponsorship program and that all applicants will be assessed on the basis of the criteria set out in the application guidelines.
10. I am a Canadian citizen or permanent resident of Canada and I have lived in Nova Scotia for at least two years.
11. I have not received social assistance from the Government of Nova Scotia or of Canada during the last two years.
12. I affirm that my affidavit can not be terminated once the Province of Nova Scotia has issued a Certificate of Nomination for the Worker.
13. I declare that the information I have given in this application is truthful, complete and correct and give consent to the Government of Nova Scotia to verify any information I have provided in this application.
14. I understand that any false statements or concealment of any material may result in, but is not limited to, some or all of the following consequences:
  - Refusal of this application; and/or
  - Refusal of this affidavit; and/or
  - Refusal or withdrawal of the Worker's certificate of nomination
15. I understand and am prepared to comply with all the commitments and obligations contained in this affidavit, having asked for and received an explanation on every point that was not clear to me.

*(Please print clearly)*

---

**Name of Family Business Owner** *(full name – family name, given name(s))*

---

**Signature of Family Business Owner**

**Date** *(dd/mm/year)*

## H) Authority to Collect and Disclose Information

### This information release and declaration must be signed by the Family Business Owner.

This release and declaration authorizes the Government of Nova Scotia to collect, use, retain, disclose, and destroy personal information to assess individual applications to the Nova Scotia Nominee Program and to research, monitor, and evaluate the Program under the authority of the Nova Scotia *Freedom of Information and Protection of Privacy Act* and other relevant provincial legislation, the *Immigration and Refugee Protection Act* and Regulations and other relevant Government of Canada legislation. If you have any questions about the collection, use, retention, disclosure, and destruction of personal information you may contact the Nova Scotia Nominee Program (NSNP) at the Nova Scotia Office of Immigration.

1. I authorize immigration officials with the Government of Nova Scotia and the Government of Canada to disclose, collect and share, as necessary, all personal information contained in this application for the Nova Scotia Nominee Program for the purpose of assessing, verifying information, and monitoring this application, and for evaluating the Nova Scotia Nominee Program.
2. I authorize the Government of Nova Scotia to disclose and share all personal information in this application to the Nova Scotia Nominee Program with other parties in Nova Scotia and elsewhere to assess this application.
3. I understand that the Government of Nova Scotia may contact such parties to verify information provided in this application.
4. I consent to the Government of Nova Scotia collecting any personal and other information required as part of my company's involvement in the Nova Scotia Nominee Program and to locate and contact me and my company about evaluating the program and our participation in it.
5. I consent to the Government of Nova Scotia collecting this information from any federal, provincial, municipal or other local authority or any other person, department, agency or organization holding such information.
6. I consent to the sharing of the information in this application with the nominee to whom I have made a permanent full-time job offer.

*(Please print clearly)*

---

**Name of Family Business Owner** *(full name – family name, given name(s))*

---

**Signature of Family Business Owner**

*Date (dd/mm/year)*

---

**Company Name**

---

**Company Street Address**

*City, Town or Village*

*Postal Code*