



Office of Immigration  
Office de l'immigration

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

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

## Nova Scotia Nominee Program (NSNP) NSNP 400 - Employer Application International Graduate 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 requirements in the International Graduate Stream Application Guide at [www.novascotiainmigration.com](http://www.novascotiainmigration.com).

Employers' applications to have International Graduates 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, and meet the criteria for the NSNP, and
- do not conflict with existing collective bargaining agreements

Priority will be awarded to positions with minimum salary in excess of \$10.00/hour or a minimum annual wage in excess of \$20,000 Canadian dollars. Priority will also be given to employers who can demonstrate that they will provide additional supports to assist newcomers with their settlement needs.

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.

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 International Graduate 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 Employer. Please print clearly.

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

**A) Employer Information**

1. Business name:		Name of 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. Year business established: \_\_\_\_\_ 6. Date business purchased: \_\_\_\_\_

7. 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.

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

9. 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) \_\_\_\_\_

## 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 Skilled 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)



## 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) \_\_\_\_\_

2. How did you learn about this International Graduate? (Please check (✓) all boxes that apply)

Employer Recruiting Activities       Lawyer       Immigration Consultant

Employee Initiated Contact with Employer       Other (please specify) \_\_\_\_\_

## F) Authority to Collect and Disclose Information

This information release and declaration must be signed by the designated representative of the company.

By signing, you authorize the Government of Nova Scotia to collect, use, retain, disclose, and destroy personal information to assess individual applications to the Nova Scotia Nominee Program. In addition, you authorize the Government of Nova Scotia 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.
7. I consent to the sharing of the information in this application with employment agencies in Nova Scotia to confirm and facilitate local recruitment efforts.

*(Please print clearly)*

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**Name of Authorized Signing Officer** *(full name – family name, given name(s))*

**Title of Authorized Signing Officer**

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**Signature of Authorized Signing Officer**

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

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**Company Name**

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**Street Address**

**City, Town or Village**

**Postal Code**

Please note that the Employer, and not a third party representative, must be a party to, and signatory of, the Employer application.

