



**Saskatchewan
Government Relations
and Aboriginal Affairs**

**Critical Impact Employee
Application Form**

FOR OFFICE USE ONLY

Office file number:

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

NOTE: All applicants age 18 or older must complete the Citizenship And Immigration Canada-IMM 0008 INDEPENDENT FORM and the IMM 5406 FAMILY MEMBER FORM and submit with this application. You can find these forms at the following website: <http://www.cic.gc.ca/english/skilled/provnom/forms.html>

PLEASE PRINT OR TYPE APPLICATION

I AM: <input type="checkbox"/> The Applicant	
IF YOU ARE NOT THE APPLICANT ARE YOU: <input type="checkbox"/> A Consultant <input type="checkbox"/> A Lawyer <input type="checkbox"/> Other _____	
NAME and ADDRESS: _____	
HAS THE APPLICANT OR A FAMILY MEMBER ACCOMPANYING THE APPLICANT PREVIOUSLY APPLIED FOR ADMISSION TO CANADA AS AN IMMIGRANT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide:	
Immigration office contacted: _____	
Date(s) of application: _____	
Name(s) of applicant: _____	
Category of application: <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Self-Employed <input type="checkbox"/> Independent	
<input type="checkbox"/> Family Class <input type="checkbox"/> Provincial Nominee <input type="checkbox"/> Investor	
If Provincial Nominee, indicate Province of application: _____	
Have you ever been refused a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERSONAL INFORMATION	
1. a) Surname (family name):	b) Given name(s):
c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code)	
2. a) Date of birth (day/month/year):	b) Place of birth (city or town):
	c) Country of birth:
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Citizenship:
5. a) Mailing address:	
b) Duration at this residence (years and months):	

<p>c) Address of residence (complete if mailing address is a post office box or different from place of residence):</p>	<p>d) Telephone number:</p> <p>e) Fax number:</p> <p>f) E-mail address:</p>																									
<p>Intended Occupation:</p>	<p>Do you have an offer of employment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Company: _____</p>																									
<p>8. Education history (provide supporting certified documents, certificates, diplomas) (use a separate sheet if required):</p> <p>a) Total years of education: _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Date (from/to)</u></th> <th style="text-align: left;"><u>Name of Institution</u></th> <th style="text-align: left;"><u>City/Country</u></th> <th style="text-align: left;"><u>Degree or Certificate</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		<u>Date (from/to)</u>	<u>Name of Institution</u>	<u>City/Country</u>	<u>Degree or Certificate</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____					
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<p>9. Work history - list all employment since age 18 (use a separate sheet if required):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Date (from/to)</u></th> <th style="text-align: left;"><u>Name of Employer</u></th> <th style="text-align: left;"><u>City/Country</u></th> <th style="text-align: left;"><u>Occupation</u></th> <th style="text-align: left;"><u>Gross Salary</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		<u>Date (from/to)</u>	<u>Name of Employer</u>	<u>City/Country</u>	<u>Occupation</u>	<u>Gross Salary</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>10. Language: Fluent in English Fluent in French Native Language:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Speak <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%;">Speak <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%; text-align: right;">_____</td> </tr> <tr> <td>Read <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Read <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Write <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Write <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>		Speak <input type="checkbox"/> Yes <input type="checkbox"/> No	Speak <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Read <input type="checkbox"/> Yes <input type="checkbox"/> No	Read <input type="checkbox"/> Yes <input type="checkbox"/> No		Write <input type="checkbox"/> Yes <input type="checkbox"/> No	Write <input type="checkbox"/> Yes <input type="checkbox"/> No																	
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<p>11. List those who will accompany the applicant to Canada (use a separate sheet if required):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name Last/Given</u> (provide birth name of spouse)</th> <th style="text-align: left;"><u>Relationship</u> (Spouse/children)</th> <th style="text-align: left;"><u>Date of Birth/Age</u> (day/month/year)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		<u>Name Last/Given</u> (provide birth name of spouse)	<u>Relationship</u> (Spouse/children)	<u>Date of Birth/Age</u> (day/month/year)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____										
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12. Have you as the principal applicant, or, any of your family members listed in your application for permanent residence in Canada, ever been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country?

YES NO

If your answer to this question is YES, provide details below.



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AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government relating to my application and other government officials as deemed appropriate.
- I authorize the release of employment and educational history to potential employer(s) and to associations and agencies assessing work and educational qualifications.
- I authorize the third party listed on this application to provide the completed form to the Saskatchewan Government and I further authorize this third party and the Government of Saskatchewan to discuss the contents of this form, or additional information of this type, for the purpose described in the application.

Applicant Name (please print)

Applicant Signature

Date

DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point that was not clear to me.

Applicant Name (please print)

Applicant Signature

Date