



**Saskatchewan
Government Relations
and Aboriginal Affairs**

**Employer Request
Application Form**

CONFIDENTIAL

FOR OFFICE USE ONLY

Office file number:

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

PLEASE PRINT OR TYPE APPLICATION

1. Company name and address:		a) Contact name:	
		b) Telephone:	
		c) Fax :	
		d) E-mail :	
		e) Internet :	
2. Head Office Address (if applicable):		a) Contact name:	
		b) Telephone:	
		c) Fax :	
		d) E-mail :	
		e) Internet :	
3. Company Information		b) Company background:	
a) Type of company (sector)		Year established:	
		c) Number of employees:	
d) Product:		e) Annual Volume of sales (optional):	
		f) Public company/Private company:	
g) Markets:			
<input type="checkbox"/> Canada <input type="checkbox"/> North America <input type="checkbox"/> International			

REQUEST FOR EMPLOYEE																																					
<p>1. a) Minimum/maximum starting date: _____</p> <p>Is applicant currently working in your company? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, indicate work authorization number and expiry date: _____</p>	<p>b) Duration of vacancy _____</p> <p>Number of vacancies _____</p>																																				
<p>c) Position description (attach description and required qualifications): _____</p>	<p>d) Salary range (hourly) plus overtime rates: _____</p> <p>Working hours per week: _____</p>																																				
<p>e) Place of employment: _____</p>	<p>f) Skilled Worker position (see Designated Skill Shortage List): Job Title _____ List # _____ Date: _____ NOC _____</p>																																				
<p>g) Type of employment:</p> <p style="text-align: right;"><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal</p>	<p>h) Educational and experience requirements:</p> <p style="text-align: right;"><input type="checkbox"/> High School Diploma <input type="checkbox"/> Post-Secondary/University (certificate/degree) <input type="checkbox"/> Trade School/College (certificate/apprenticeship) ____ Years of experience</p>																																				
<p>i) Union <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, annual fees \$ _____</p>																																					
<p>j) Language required: <input type="checkbox"/> English <input type="checkbox"/> French</p> <p>Language fluency required:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;"><u>English</u></td> <td>read</td> <td>speak</td> <td>write</td> <td style="width: 20px;"></td> <td style="text-align: left;"><u>French</u></td> <td>read</td> <td>speak</td> <td>write</td> </tr> <tr> <td>fluent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>fluent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>well</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>well</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>with difficulty</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>with difficulty</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		<u>English</u>	read	speak	write		<u>French</u>	read	speak	write	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"/>	with difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		with difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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with difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		with difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													

List dates and locations of job advertising done in Saskatchewan and Canada (attach copies):

Other Relevant Information:

Name (please print): _____

Signature: _____

Date: _____

Title: _____



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SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM

AUTHORITY TO DISCLOSE COMPANY INFORMATION

- 1. We authorize the release of the company name, address, contact person, and designated skill shortage from our Saskatchewan Immigrant Nominee Program application to those individuals and businesses having a direct interest in the attraction of immigrants to fill skill shortages or to attract qualified business persons under the SINP.

The information to be released is as follows: (Please print clearly)

Skill Shortage: _____

Contact Name: _____

Company Name: _____

Address: _____

City/Province _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

Web Site: _____

We authorize the disclosure of the above company information. Yes___ No___

We authorize a website link and the posting of the company name and skill shortage on the SINP website. Yes___ No___

Signing Officer (Please Print)

(Position)

Signature

Date