

## OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL FOR THE RURAL COMMUNITY IMMIGRATION PILOT

## **SECTION 1: BUSINESS INFORMATION**

| Note: You can refer to the instruction     | s to help you fi  | Il out this form. |                                    |   |                |               |                               |                               |
|--|-------------------|-------------------|------------------------------------|---|----------------|---------------|-------------------------------|-------------------------------|
| 1. Business operating name                 |                   |                   | 2. Business legal name             |   |                |               |                               | 3. Telephone number           |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 4. Business mailing address:               |                   |                   |                                    |   |                |               |                               |                               |
| Street and number                          |                   | City              |                                    |   | Province       |               |                               | Postal code                   |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 5. Business address (if different than ma  | ailing address):  |                   |                                    |   |                |               |                               |                               |
| Street and number                          |                   | City              |                                    |   | Province       |               |                               | Postal code                   |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 6. North American Industry Classification  | n Sector (NAICS   | code(s) of Busin  | ness sector (minim                 | um 4 digit  | s)             |               |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 7. Website address                         |                   |                   |                                    |   |                | 8             | 3. Date of business establish | ment (YYYY-MM-DD)             |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 9. Size of business                        |                   |                   |                                    |   |                |               |                               |                               |
| Number of employees ▶                      | Under 100 emp     | loyees            | Over 100 employe                   | ees   |                |               |                               |                               |
| Gross income ▶                             | Less than \$30,0  | 200               | \$30,000 to 5 millio               | on  | Over 5         | million       |                               |                               |
|  |                   |                   | \$30,000 to 3 million              | JII   | Over 51        | IIIIIIIIIII   |                               |                               |
| 10. Describe the principal business activ  | Лty               |                   |                                    |   |                |               |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
| SECTION 2: PRIMARY CONTA                   | ACT INFORI        | MATION OF E       | MPLOYER                            |   |                |               |                               |                               |
| 11. Family name (surname)                  |                   | 12. Given name(s) |                                    |   |                | 13. Job title |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 14. Telephone number                       | Extension         | 15. Fax number    | r                                  | 1   | 6. Email addr  | ess           |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
| SECTION 3: DETAILS OF JOE                  | 3                 |                   |                                    | 10.11   |                |               | ) 'S (' (NOO) I               | 10.01:11. // 1/0.1            |
| 17. Job title                              |                   |                   |                                    | 18. <u>Na</u>                                     | ational Occupa | ational C     | Classification (NOC) code     | 19. Skill type/level/Category |
|  |                   |                   |                                    |   |                |               |                               |                               |
| 20. Does the job meet the following requ   | uirements of the  | Rural Community   | Immigration Pilot I                | Program?  |                |               |                               |                               |
| Job is full-time Job is indete             |                   |                   | erminate (no end date) Job is non- |   |                |               | Job is non-seasor             | nal (year-round)              |
|  |                   |                   |                                    | and represents a labour market need Job is locate |                |               |                               |                               |
| Occupation is needed in the com            | munity            | Job is genui      | ne and represents                  | a labour  | market need    |               | Job is located in t           | ne community                  |
| 21. Address of physical job location (if d | ifferent than bus | iness address)    |                                    |   | 1              |               |                               |                               |
| Street and number                          |                   |                   |                                    |   | City           |               |                               |                               |
|  |                   |                   |                                    |   |                |               |                               |                               |
| Province                                   |                   |                   |                                    | Postal co   | ode            |               | 22. Expected start date of e  | employment (YYYY-MM-DD)       |
|  |                   |                   |                                    |   |                |               |                               |                               |



|  |   |                                  | 3                                    |
|--|---|----------------------------------|--------------------------------------|
| 23. Main duties of the job                                       |   |                                  |                                      |
|  |   |                                  |                                      |
|  |   |                                  |                                      |
|  |   |                                  |                                      |
| 24. Minimum education requirements of the job                    |   |                                  |                                      |
| Doctorate/PhD  | Doctor of Medicine                              | Master's o                       | degree                               |
| Bachelor's degree  | College level diploma/certificate               | Apprentic                        | eship diploma/Certificate            |
| High school diploma  | Vocational school diploma/certifica             | te No formal                     | education requirement                |
| How was the candidate selected for this position? Pleas          | e provide details:                              |                                  |                                      |
| Was an interview conducted? Yes, in pe                           | erson Yes, remotely N                           | No                               |                                      |
| Please provide details   |   |                                  |                                      |
| Provide any additional pertinent information related to the      | e job offer:                                    |                                  |                                      |
|  |   |                                  |                                      |
|  |   |                                  |                                      |
|  |   |                                  |                                      |
| 25. Experience/skills requirements of the job                    |   |                                  |                                      |
|  |   |                                  |                                      |
| 26. Are there provincial/territorial/federal certification, lice | ensing or registration requirements of the job? |                                  |                                      |
| No Yes – If yes, indicate the name                               | of the certifying/licensing/registering body    |                                  |                                      |
| 27. Wage in Canadian dollars and number of work hours            | ;   |                                  |                                      |
| Amount per hour Amount per year                                  | Total number of work hours per day Total        | al number of work hours per week | Total number of work hours per month |
|  | [   |                                  |                                      |
| Overtime rate per hour of:                                       | starts after hours of work per week.            |                                  |                                      |
| 28. Alternate compensation scheme (if applicable)                |   |                                  |                                      |
| Please describe:   |   |                                  |                                      |
| 29. Benefits   |   |                                  |                                      |
| Disability insurance Dental insurance                            | Pension   |                                  |                                      |
| Extended medical insurance (e.g. prescription dru                | ugs, paramedical services, medical services and | d equipment                      |                                      |
| Vacation ▶ Days:(Number of business                              | days per year) OR                               |                                  |                                      |
| Remuneration: (% of gross salary)                                |   |                                  |                                      |
|  |   |                                  |                                      |
| Other benefits, please specify ▶                                 |   |                                  |                                      |

Date (YYYY-MM-DD)

SECTION 4: EMPLOYEE INFORMATION (This section must be completed by the employer) 30. Family name (surname) as shown on the passport 31. Given name(s) as shown on the passport 32. Gender 33. Date of birth (YYYY-MM-DD) 34. UCI / ID client no. 35. Country of birth 37. Citizenship 36. Country of residence 38. Passport number 39 Marital status 40. Accompanying family members and their date of birth 41. Mailing address P.O. box Apartment/Unit Street number Street name City/Town Province/State Postal code District Country 42. Email address 43. Telephone number **SECTION 5: DECLARATION OF EMPLOYER** Important: You, the employer must read the statement carefully, print your name, sign, and date this section I certify that I am actively engaged in the business in respect of which the offer of employment is made. I certify that I am compliant with, and will comply with, the federal/provincial/territorial laws that regulate employment and the recruitment of employees, in the province/territory in which it is intended that the foreign national work and, if applicable, with the terms and conditions of any collective agreement. I certify that I will provide the foreign national with employment in the same occupation as that set out in the foreign national's offer of employment and with wages and working conditions that are substantially the same. I understand that Immigration, Refugees and Citizenship Canada will not disclose the information contained herein to Third Parties, except as described in bilateral information-sharing arrangements or except as authorized or required by law. I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, the potential employee's application could be rejected. I further confirm that I understand that providing such false or misleading information, making a false declaration or failing to declare all information material to the potential foreign workers application could be an offense and/or constitute noncompliance under the Immigration and Refugee Protection Act. I consent to the collection and disclosure of the information contained herein, including for monitoring and evaluation purposes.

I confirm that I have read and understood the contents of this form. I declare that the information that I have provided in this form is true, complete and accurate.

Signature of employer

Name of employer

## **SECTION 6: DECLARATION OF EMPLOYEE**

| Importan | You, the employee (the principal applicant), must read the contents, read the statement carefully, print your name, sign and date this section  |  |  |  |  |  |
|----------|---|--|--|--|--|--|
|          | I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, my application for permanent residence could be rejected. I further confirm that I understand that providing such false or misleading information or concealing material facts could be an offense and/or constitute non-compliance under the Immigration and Refugee Protection Act. |  |  |  |  |  |
|          | I also understand that should I be found to be inadmissible for misrepresentation under section 40 of the Immigration and Refugee Protection Act, I may be ineligible to apply to certain IRCC programs for a period of five years following a final determination of my inadmissibility or, if this determination is made in Canada, following my removal from Canada.   |  |  |  |  |  |
|          | I consent to the disclosure of the information contained herein, including for monitoring and evaluation purposes.  |  |  |  |  |  |
|          | I understand that Immigration, Refugees and Citizenship Canada will not disclose the information contained herein to Third Parties, except as described in bilateral information-sharing arrangements or except as authorized or required by law.   |  |  |  |  |  |
|          | I confirm that I have read and understood the contents of this form.  |  |  |  |  |  |
|          | I declare that the information that I have provided on this form is true, complete and accurate.  |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          | Name of employee Signature of employee Date (YYYY-MM-DD)  |  |  |  |  |  |

## **Privacy Statement**

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided may be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, designated Economic Development organizations, provincial/territorial governments and foreign governments for the purpose of validating identity, eligibility and admissibility.

Personal information may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the <u>Office of the Privacy Commissioner of Canada</u>. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - <u>IRCC PPU 042</u>.