



OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL ATLANTIC IMMIGRATION PROGRAM

SECTION 1: BUSINESS INFORMATION

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 mailing address):					
Street and number		City	Province		Postal code
6. North American Industry Classification Sector (NAICS) code(s) of Business sector					
7. Website address				8. Date of business establishment (YYYY-MM-DD)	
9. Size of business					
Number of employees ► <input type="radio"/> Under 100 employees <input type="radio"/> Over 100 employees					
Gross income ► <input type="radio"/> Less than \$30,000 <input type="radio"/> \$30,000 to 5 million <input type="radio"/> Over 5 million					
10. Describe the principal business activity					

SECTION 2: PRIMARY CONTACT INFORMATION OF EMPLOYER

11. Family name (surname)		12. Given name(s)		13. Job title	
14. Telephone number	Extension	15. Fax number	16. Email address		

SECTION 3: DETAILS OF JOB

17. Job title		18. National Occupational Classification (NOC) code			
19. Does the job meet the following requirements of the Atlantic Immigration Program?					
<input type="checkbox"/> Job is full-time <input type="checkbox"/> Job is non-seasonal <input type="checkbox"/> Job is genuine and represents a labour market need <input type="checkbox"/> Job is in Atlantic Canada					
Choose one of the following options : ► <input type="checkbox"/> One year job offer for NOC 0, A, or B (NOC2016) or TEER 0,1, 2 or 3 (NOC2021) <input type="checkbox"/> Permanent job offer for NOC C (NOC 2016) or TEER 4 (NOC 2021)					
20. Address of physical job location (if different than business address)					
Street and number		City	Province	Postal code	
21. Expected start date of employment (YYYY-MM-DD)		22. Expected duration of employment (YYYY-MM-DD)			
23. Main duties of the job					

SECTION 3: DETAILS OF JOB (CONTINUED)

24. Minimum education requirements of the job

- ☐ Doctorate/PhD
 ☐ Doctor of Medicine
 ☐ Master's degree
☐ Bachelor's degree
 ☐ College level diploma/certificate
 ☐ Apprenticeship diploma/Certificate
☐ High school diploma
 ☐ Vocational school diploma/certificate
 ☐ No formal education requirement

Minimum language requirements for the job: _____

For assistance, please consult _____

Additional information: _____

25. Experience/skills requirements of the job _____

26. Are there provincial/territorial/federal certification, licensing 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 number of work hours per week	Total number of work hours per month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 drugs, paramedical services, medical services and equipment)
☐ Vacation ► Days: _____ (Number of business days per year) OR
 Remuneration: _____ (% of gross salary)
☐ Other benefits, please specify ► _____

SECTION 4: EMPLOYEE INFORMATION

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	
36. Country of residence			37. Citizenship		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
Country			Province/State			Postal code	District
42. Email address						43. Telephone number	

SECTION 5: DECLARATION OF EMPLOYER**Important: You must read and sign this section**

- ☐ I certify that I am actively engaged in the business in respect of which the offer of employment is made and understand that I must remain so during the period of employment for which the work permit is issued to the foreign national.
- ☐ 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 certify that I will make reasonable efforts to provide a workplace that is free of abuse which includes physical, sexual, psychological or financial abuse.
- ☐ 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.
- ☐ I confirm that I understand that the information contained herein may be disclosed to designated service providers responsible for providing mandatory needs assessments under the requirements for endorsement under the Atlantic Immigration Program.
- ☐ 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 agreements 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 non-compliance 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.

Name of employer_____
Signature of employer_____
Date (YYYY-MM-DD)**SECTION 6: DECLARATION OF EMPLOYEE****Important: Employee must read and sign this section**

- ☐ I confirm that I have read and understood the contents of this form.
- ☐ I declare that the information that I have provided in Section 4 of this form is true, complete and accurate.
- ☐ 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 confirm that I understand that the information contained herein may be disclosed to designated service providers responsible for providing mandatory needs assessments under the requirements for endorsement under the Atlantic Immigration Program.
- ☐ I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the Immigration and Refugee Protection Act, I may be barred from entering Canada 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 agreements or except as authorized or required by law.

Name of employee_____
Signature of employee_____
Date (YYYY-MM-DD)

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 will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, non-governmental organizations, provincial/territorial governments and foreign governments for the purpose of validating identity, admissibility and eligibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, 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 Office of the [Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 042.