



OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL EXEMPT FROM A LABOUR MARKET IMPACT ASSESSMENT (LMIA)

BUSINESS INFORMATION

1. Employer ID number		2. Canada Revenue Agency business number (first 9 digits)		3. Fee receipt number	
4. Business operating name		5. Business legal name		6. Telephone number	
7. Business mailing address:					
Street and number		City	Province/State	Postal/Zip code	Country
8. Business address (if different than mailing address):					
Street and number		City	Province/State	Postal/Zip code	Country
9. Type of business (select all that apply)					
<input type="checkbox"/> Incorporated/Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other, specify ►					
10. Is the business a franchise?					
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, provide the name of the corporation ►					
11. Website address				12. Date of start of business (YYYY-MM-DD)	
13. Size of business					
Number of employees ► <input type="checkbox"/> Under 100 employees <input type="checkbox"/> Over 100 employees					
Gross income ► <input type="checkbox"/> Less than \$30,000 <input type="checkbox"/> \$30,000 to 5 million <input type="checkbox"/> Over 5 million					
14. Describe the principal business activity					

PRIMARY CONTACT INFORMATION OF EMPLOYER

15. Family name (surname)		16. Given name(s)		17. Job title	
18. Telephone number		Extension	19. Fax number	20. Email address	

DETAILS OF JOB

21. Title of LMIA exemption being requested				22. LMIA exemption code											
23. Explanation of how the job meets the requirements of the exemption being requested															
24. Job title			25. National Occupational Classification (NOC) code												
26. Address of physical job location (if different than business address)															
27. Expected start date of employment (YYYY-MM-DD)			28. Expected duration of employment												
29. Main duties of the job															
30. Minimum education requirements of the job <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Doctorate/PhD</div> <div style="width: 33%;"><input type="checkbox"/> Doctor of Medicine</div> <div style="width: 33%;"><input type="checkbox"/> Master's degree</div> <div style="width: 33%;"><input type="checkbox"/> Bachelor's degree</div> <div style="width: 33%;"><input type="checkbox"/> College level diploma/certificate</div> <div style="width: 33%;"><input type="checkbox"/> Apprenticeship diploma/Certificate</div> <div style="width: 33%;"><input type="checkbox"/> Trade diploma/Certificate</div> <div style="width: 33%;"><input type="checkbox"/> Secondary school</div> <div style="width: 33%;"><input type="checkbox"/> Vocational school diploma/Certificate</div> <div style="width: 33%;"><input type="checkbox"/> No formal education requirement</div> </div> Additional information:															
31. Experience/skills requirements of the job															
32. Are there provincial/territorial/federal certification, licensing or registration requirements of the job? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, indicate the name of the certifying/licensing/registering body ►															
33. Wage in Canadian dollars and number of work hours <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Amount per hour</th> <th style="text-align: center;">Amount per year</th> <th style="text-align: center;">Number of hours per day</th> <th style="text-align: center;">Total number of hours per week</th> <th style="text-align: center;">Total number of hours per month</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table> Overtime rate per hour of: _____ starts after _____ hours of work per week.						Amount per hour	Amount per year	Number of hours per day	Total number of hours per week	Total number of hours per month					
Amount per hour	Amount per year	Number of hours per day	Total number of hours per week	Total number of hours per month											
34. Alternate compensation scheme (if applicable) Please describe: _____															
35. Is this employment seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No															

DETAILS OF JOB (CONTINUED)

36. 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, specify ► _____

FOREIGN WORKER INFORMATION

37. Family name (surname) as shown on the passport		38. Given name(s) as shown on the passport		39. Gender
40. Date of birth (YYYY-MM-DD)	41. Country of birth	42. Country of residence	43. Citizenship	44. Passport number

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's 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 as -- but not less favourable than -- those set out in the offer.
☐ 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 if I have made a false declaration or have otherwise provided false or misleading information 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*.

Name of employer_____
Signature of employer_____
Date (YYYY-MM-DD)**Privacy Statement**

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and is required to assess the work permit application and for possible compliance verification activities, including document and on-site inspections. It will be retained in the Personal Information Bank XX. It may be shared with other organizations or disclosed