



SCHEDULE 3

ECONOMIC CLASSES - FEDERAL SKILLED WORKERS

The principal applicant must complete this form.

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at www.cic.gc.ca

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

1. Your full name

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
	<input type="text"/>

2. Your date of birth

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Do you have an offer of employment in Canada approved by Human Resources Development Canada?

<input type="checkbox"/> No <input type="checkbox"/> Yes	► Employer	<input type="text"/>
	Address	<input type="text"/>
		<input type="text"/>
	Occupation	<input type="text"/>

4. Are you currently working in Canada under a work permit?

<input type="checkbox"/> No <input type="checkbox"/> Yes	► Provide a copy of your work permit.
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5. a) I am a recipient of a Government of Canada scholarship or award that requires that I return to my home country following the completion of my degree.

<input type="checkbox"/> No <input type="checkbox"/> Yes
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b) I was a recipient of a Government of Canada scholarship or award that required me to return to my home country following the completion of my degree, but I have satisfied the terms of this scholarship or award.

<input type="checkbox"/> No <input type="checkbox"/> Yes
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6. Language

a) Which is your first Canadian official language?

<input type="checkbox"/> English <input type="checkbox"/> French
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6. Language (continued)

b) Have you taken a test from a designated testing agency to assess your proficiency in English or French?

<input type="checkbox"/> Yes	► Provide a copy of the test results from the designated agency for speaking, listening, reading and writing.
<input type="checkbox"/> No	

Note: For your application to be eligible for processing, you **must** include the results of your official language proficiency test.

7. Study in Canada

Have you or, if applicable, your accompanying spouse or common-law partner, previously completed a program of full-time study of at least two years at a post-secondary institution in Canada?

<input type="checkbox"/> No <input type="checkbox"/> Yes	► <input type="checkbox"/> You <input type="checkbox"/> Your spouse or common-law partner
Provide evidence.	

8. Work in Canada

Have you or, if applicable, your accompanying spouse or common-law partner, previously worked full-time in Canada?

<input type="checkbox"/> No <input type="checkbox"/> Yes	► <input type="checkbox"/> You <input type="checkbox"/> Your spouse or common-law partner
Provide evidence.	

9. Do you or, if applicable, your accompanying spouse or common-law partner, have a relative living in Canada who is a citizen or a permanent resident of Canada?

<input type="checkbox"/> No <input type="checkbox"/> Yes	► <input type="checkbox"/> You <input type="checkbox"/> Your spouse or common-law partner
Relationship	<input type="checkbox"/> Mother or father <input type="checkbox"/> Grandmother or grandfather
	<input type="checkbox"/> Daughter or son <input type="checkbox"/> Granddaughter or grandson
	<input type="checkbox"/> Sister or brother <input type="checkbox"/> Aunt or uncle
	<input type="checkbox"/> Niece or nephew <input type="checkbox"/> Spouse or common-law partner

10. a) Assets

Indicate the total amount of assets, in Canadian dollars

\$	<input type="text"/>
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b) Liabilities

Indicate the total amount of liabilities, in Canadian dollars

\$	<input type="text"/>
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c) Settlement funds

Indicate the total amount of unencumbered transferable and available funds that you have in Canadian dollars

\$	<input type="text"/>
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11. Your work experience

Starting with your current occupation, list your occupations within the 10 years preceding the date of your application. Give for each the appropriate National Occupational Classification code (NOC), the number of years of continuous full-time or equivalent part-time experience and a description of your main duties. List only occupations that fall in Skill Type 0 or Skill Levels A or B of the NOC.

From Y M	To Y M	Occupation	NOC	Years of experience	Main duties
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Less than 1 year	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 year but less than 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2 years but less than 3	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 3 years but less than 4	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 4 years or more	<input type="text"/>

11. Your work experience (continued)

From Y M	To Y M	Occupation	NOC	Years of experience	Main duties
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12. Order of preference

From the occupations you listed at question 11 above, list which occupational experience you would like to be assessed in order of preference. Begin with your first choice and continue with your second, etc. Include both the NOC code and the occupation's title.

	NOC	Occupation		NOC	Occupation
1	<div> <div></div> <div></div> <div></div> <div></div> </div>		5	<div> <div></div> <div></div> <div></div> <div></div> </div>	
2	<div> <div></div> <div></div> <div></div> <div></div> </div>		6	<div> <div></div> <div></div> <div></div> <div></div> </div>	
3	<div> <div></div> <div></div> <div></div> <div></div> </div>		7	<div> <div></div> <div></div> <div></div> <div></div> </div>	
4	<div> <div></div> <div></div> <div></div> <div></div> </div>				

Signature

Date

Year

Month

Day