



IMM 1295 – Sample open work permit document for spouse

IMM1295E – Application for work permit for Spouse made outside Canada



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

PROTECTED WHEN COMPLETED - B

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APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 *I want service in English	OFFICE USE ONLY Validated
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PERSONAL DETAILS



1 Full name *Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? Family name	<input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes Given name(s)

Mention the Family
Name/ Surname &
Given Name as per the
current passport

Mention "Yes" only if
your spouse had a
name change in the
passport





3 * Sex ▼	4 Date of birth * YYYY * MM * DD	5 Place of birth * City/Town	* Country ▼
6 * Citizenship ▼			

Date of birth, place of birth, country and citizenship
should be as per the current passport

7 Current country or territory of residence:				
Country or Territory	Status	Other	From	To
* 	* 		YYYY-MM-DD	YYYY-MM-DD

Status: Mention the status in US. Status can be “worker” only if the spouse is employed in the US. If spouse is in US as dependent, then the status should be “other” and the details can be specified under “other”


From Date – the date your spouse entered US To Date – I94/ petition expiry date. If I94/ petition has already expired and the decision is still pending with USCIS, mention the date until when the extension is requested for.

8 Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months?					<input type="checkbox"/> *No	<input type="checkbox"/> *Yes
Country or Territory	Status	Other	From	To		
			YYYY-MM-DD	YYYY-MM-DD		
			YYYY-MM-DD	YYYY-MM-DD		

Applicable if your spouse has stayed more than six months in the last five years months in any other country apart from the country of residence or


9 Country or territory where applying: Same as current country or territory of residence?					<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Country or Territory	Status	Other	From	To		
			YYYY-MM-DD	YYYY-MM-DD		

Please provide appropriate responses for the below



10 *a) Your current marital status		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		Date
				YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner				
Family name			Given name(s)	

Please remove the tick from the check box as the associate will have to fill the response accordingly

PERSONAL DETAILS (CONTINUED)


11 Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Provide the following details for your previous Spouse/Common-law Partner:			
Family name		Given name(s)	
c) Date of birth	Type of relationship	From	To
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD

Select the native language from the drop down. If your spouse native language is not listed, then choose "Other"

LANGUAGE(S)		
1 *a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
 English		
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

Mention "Yes" only if your spouse has written English language test – IELTS or CELPIP

PASSPORT

1 *Passport number	2 *Country or territory of issue	3 *Issue date	4 *Expiry date
		YYYY-MM-DD	YYYY-MM-DD
5 *For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
6 *For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

Provide the details as per your dependent's current passport

NATIONAL IDENTITY DOCUMENT

1	Do you have a national identity document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes						
2	Document number	3	Country or territory of issue	4	Issue date	5	Expiry date
				YYYY-MM-DD		YYYY-MM-DD	

Mention "Yes" and provide the details only if your spouse have an Aadhar card, if not please check the box as "No"

US PR CARD

1	Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes		
2	Document number	3	Expiry date
		YYYY-MM-DD	

If your dependent have the US green card, select "Yes" and mention the details, else choose the option as "No"

Current mailing address –keep the attorneys address as it is. Do not modify the details

1 Current mailing address							
P.O. box	Apt/Unit	Street no.	*Street name				
	5th Floor	150	York Street- Green and Spiegel, LLP- Evan J. Green				
*City/Town		*Country or Territory		*Province/State	*Postal code	District	
Toronto		Canada		ON	M5H 3S5		
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes							
Apt/Unit		Street no.	Street name			City/Town	
Country or Territory			Province/State	Postal code	District		
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				4 Alternate Telephone no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other			
Type	Country Code	No.	Ext.	*Type	Country Code	*No.	Ext.
				Business	1	(416) 862 - 7880	

Answer "No" Provide your current residential address.

Provide your contact number

Alternate Phone number, Fax number and email address – Keep the attorneys details as it is

5	Fax no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other	Country Code 1	*No. (416) 862 — 1698	Ext.	6	E-mail address evang@gands.com
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DETAILS OF INTENDED WORK IN CANADA

<div>1</div> <div>*What type of work permit are you applying for?</div> <div>Open Work Permit</div> <div></div>			
<div>2</div> <div>Details of my prospective employer (attach original offer of employment)</div> <div>a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here)</div> <div>TO BE DETERMINED</div> <div>b) Complete Address of Employer (Canadian or Foreign):</div> <div>TO BE DETERMINED</div>			
<div>3</div> <div>Intended location of employment in Canada?</div> <div> <div>*Province</div> <div></div> <div>*City/Town</div> <div></div> <div>*Address</div> <div>TO BE DETERMINED</div> </div>			
<div>4</div> <div>My occupation in Canada will be:</div> <div> <div>*Job title</div> <div>TO BE DETERMINED</div> <div>*Brief description of duties</div> <div>TO BE DETERMINED</div> </div>			
<div>5</div> <div>Duration of expected employment</div> <div>From</div> <div>YYYY-MM-DD</div> <div>To</div> <div>YYYY-MM-DD</div>	<div>6</div> <div>Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No.</div> <div></div>		

Province and city/town
should be same as
primary applicant

Duration of expected stay - should be same as the primary applicant

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
If you answered "yes", give full details of your highest level of post secondary education.				
1	From	Field and level of study	School/Facility name	
	YYYY MM To YYYY MM	City/Town	Country or Territory	Province/State

You would need to provide the educational details only if your spouse have obtained a degree from a university or a college. Please mention the highest level of education.

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)				
1	From *YYY *MM	*Current Activity/Occupation		*Company/Employer/Facility name
	To YYY MM	*City/Town	*Country or Territory	Province/State
2	From YYY MM	Previous Activity/Occupation		Company/Employer/Facility name
	To YYY MM	City/Town	Country or Territory	Province/State
3	From YYY MM	Previous Activity/Occupation		Company/Employer/Facility name
	To YYY MM	City/Town	Country or Territory	Province/State



You would need to provide your spouse past 10 years of employment history with proper onshore and offshore split-up (city, state wise) including designation split up as applicable without any gaps in-between in a chronological order starting from current status. If you were not working or studying at any point in the past 10 years, please state “unemployed” or “student” as previous activity or occupation (whichever is applicable). If you run out of room on the form, please use the “Employment Addendum” template available in the “digital docs” to continue the information.

Background Information - Provide the appropriate response. If you have provided “Yes” to any of the questions from 3 through 6, then you would need to fill IMM5257 Schedule 1 form

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

[Clear Section](#)

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered “yes” to question 1a) or 1b), please provide details and the name of the family member (if applicable).		
<div></div>			

Please mention the Canada visa details, even if your spouse applied or travelled in visitor visa, by marking the section 2.c as "Yes"

Please mark the section 2.b as "Yes" if your spouse received denial status on any visa/petition from any country and it should be mentioned on the section 2.d

2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.		
	<div></div>		
3	a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered "yes" to question 3a) above, please provide details.		
	<div></div>		
4	a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.		
	<div></div>		
5	Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.			

SIGNATURE

Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC's request, may want to contact you in the future to ask you about any services you received from IRCC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). IRCC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you personally.

Do you consent to be contacted by IRCC, or an organization at IRCC's request, in the future? (Y/N) ☐ No ☐ Yes

I consent to the release to Immigration, Refugees and Citizenship Canada (IRCC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD



IMPORTANT NOTE:

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

DISCLOSURE

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and/or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Validate

This form must be validated and dated. Please upload the form in VRA in an editable format. Please remember this form should not be signed or scanned by the applicant