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Work Visa Application Employer Supplementary Form

from overseas who is applying for a work visa for employers who have offered a position to a person



DEPARTMENT OF LABOUR

Information for employers

applying for a work visa (refer to the Immigration Guide for Employers (INZ 1031)). Complete this form if you are an employer who has offered a position to a person from overseas who is

This form must be used for:

- · Essential Skills work visa applicants; and
- Work to Residence: Long Term Skill Shortage List (LTSSL) work visa applicants; and
- Partners of NZAID-supported student visa holders, work visa applicants only as specified in the Immigration Guide for • Study to Work visa applicants (except for graduate job search work visa applicants); and
- Employers (INZ 1031); and
- Silver Fern Practical Experience work visa applicants.

process the application, however we may need to contact you for more information. This form must be submitted with the form Work Visa Application (INZ 1015). Providing this information will help us to

original document we will ask you to produce it at a later time. Submit photocopies only. Do not submit original documents as they will not be returned to you. If we need to see an

Work entitlement

Disclosure of information through VisaView is authorised by legislation. New Zealand's online VisaView system. For more information or to register please visit www.immigration.govt.nz/visaview. way for employers to avoid committing this offence is to check a person's entitlement to work through Immigration It is an offence under the Immigration Act 2009 to employ a person who is not entitled to work in New Zealand. One

When filling in this form, please print clearly in English using CAPITAL LETTERS.

Employment details

Section A

Attach a copy of the full employment agreement and complete the following.

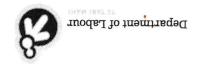
State the name of the person to whom you have offered a position in your business

Family/last name

Given/first name(s)

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visit www.immigration.govt.nz For further information on immigration

State the names of any other companies or businesses you operate.

Job title or position DIRECTOR.
Name SIDDHARTHA DOMA.
Signature Signature Date 15 12 2 16
I understand the questions in, and contents of, this form, and the information I have provided is true and correct. I consent to INZ seeking information concerning my compliance with New Zealand's immigration and employment laws from any records held by the Department of Labour.
Section D Declaration by employer Lunderstand the questions in and contents of this form and the information have presided is true.
Detail the efforts you have made as an employer to train New Zealanders to fill the positions available. Include details of the type of training provided and the outcome of the training.
C6 Explain why the New Zealand applicants were not suitable.
C5 Letter from recruitment agency (where applicable – if not applicable please write n/a).
Duration and frequency of advertising campaign.

