August 2017 INZ 1113



Employer Supplementary Form

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

Information for employers

This form must be completed and signed by a person who has authority to make representations and enter into agreements on the employer's behalf. Please answer all questions. If any question does not apply please answer "N/A" for "not applicable". Complete this form if you are an employer who has offered a position to a person from overseas who is applying for a work visa or varying the conditions of a work visa.

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
- · Post-study work visa (employer assisted) applicants; and
- Silver Fern Practical Experience work visa applicants; and
- Specific Purpose work visa applicants, where a job offer is required; and
- · Variation of Condition work visa applicants

This form is not required for any other work visa category. This form must be submitted by the person you have offered a position to with the *Work Visa Application (INZ 1015)* form or the *Application for a Variation of Conditions or Variation of Travel Conditions (INZ 1020)* form.

Note: If you are an Accredited Employer, you do not have to complete this form to support a work visa holder applying to vary the conditions of their Work to Residence – Talent work visa.

Providing this information will help us to process the application, however we may need to contact you for more information.

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

Work entitlement

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

Supporting Essential Skills work visa applications

In most cases employers with ANZSCO skill level 4 or 5 vacancies must engage with Work and Income before supporting an Essential Skills work visa application. Work and Income will refer candidates who are suitable and available for the role (if there are any) and provide a Skills Match Report if you choose to support a work visa application.

You can find more details on our website at www.immigration.govt.nz/employ-migrants.

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

About the information you provide

Immigration New Zealand collects the information about you on this form to determine your request to recruit overseas workers. We may also use the information to contact you for research purposes or to advise you on immigration matters.

The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. Do not send your application to this address.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You have the right to access the information we hold about you and have any of it corrected if you think it is necessary.

For more information

If you have questions about completing this form:

- see our website www.immigration.govt.nz
- telephone our call centre on 0508 558 855 (within New Zealand).



| Se | ction A Employer details | | | | |
|--|---|--|--|-------------------------|--|
| tta | ch a copy of the full employment agreement and complete the following. | | | | |
| 41 | State the name of the person to whom you have offered a position in your business | | | | |
| | Family/last name Given/first name(s) | | | | |
| | BASST AMRINDER SINGH | | | | |
| 2 | Full name of person completing this form. SIDDHARTHA DOMA | | | | |
| | | | | | |
| | Position or title of person completing this form. | | | | |
| | DIRECTOR | | | | |
| | Business name (if applicable) and physical and postal addresses. | | | | |
| | FABRIL SOLUTIONS LIMITED | | | | |
| | 3/1A PRANGLEY AVENUE | | | | |
| | Telephone (daytime) Telephone (evening) | | | | |
| | Fax Email admin@fabril Solutions. Co. nz | | | | |
| | Website Mobile 02046577777 | | | | |
| New Zealand Business Number (NZBN) Write your NZBN below if applicable/known | | | | | |
| | | | | 9,4,2,9,0,4,8,4,3,4,795 | |
| | How long has this business been in operation? $Q VEAR5$ | | | | |
| | How many people does the business currently employ? | | | | |
| How many current employees are New Zealand citizens or residence class visa holders? | | | | | |
| Has the business made anybody redundant, or been through a consultation with respect to potential redundancies, in the past six months? | | | | | |
| Yes Provide details, including how many people were affected and their roles. | | | | | |
| LN/A / | | | | | |
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| | | | | | |
| State the names of any associated companies or businesses (such as parent or subsidiary companies associated with substantial owners or directors of this business). | | | | | |
| | N/A / | | | | |
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| A9 | Have you provided any of the following: | | |
|-----|--|--|--|
| | Skills Match Report from Work and Income. Attach a copy of the Skills Match Report to this form. Go to 'Section C: Overseas recruitment based on non-availability of New Zealand residents' | | |
| | Canterbury Skills and Employment Hub engagement letter. You must provide this if the place of employment is in the | | |
| | Canterbury region* and the position is an ANXSCO skill level 3-5 occupation (see B2). Contact the Hub at www.opportunitycanterbury.or or phone 0800 226 482. Continue at 'Section B: Position details'. | | |
| | \square Approval in Principle from Immigration New Zealand to recruit workers for this position. | | |
| | State your 8-digit AIP reference number | | |
| | * Employment is in the Canterbury region if the entire or principal place of work is within the territorial authorities of Christchurch City Council, Selwyn District Council and Waimakariri District Council. | | |
| Se | ction B Position details | | |
| | ou have provided a Skills Match Report or have an Approval in Principle to recruit workers for this position, do not need to complete this section. | | |
| Pro | vide details of the position you have offered to the potential employee named in this application. | | |
| В1 | Job title TELECOMMUNICATION TECHNICIAN | | |
| B2 | ANZSCO occupation title, occupation code, and skill level (ANZSCO is the Australian and New Zealand Standard Classification of Occupations. Most New Zealand occupations are listed in the ANZSCO, with a six-digit occupation code and a skill level ranging from 1 (highly-skilled) to 5 (unskilled). For more information see www.immigration.govt.nz/anzsco. | | |
| | ANZSCO occupation title TELECOMMUNICATION TECHNICIAN ANZSCO occupation code 3,4,2,4,4,4 | | |
| В3 | The address of the place of employment (if different from that stated in question 42). | | |
| | DUFTO THE NATURE OF OUR BUSINESS, TECHNOLIAN HAS TO WORK IN NAPSER | | |
| | PALMERSTON NORTH & IN AUCKLAND DEPENDENG UPON WORK ASSIGNED | | |
| B4 | The type of work, duties and responsibilities. By THE COMPANY | | |
| | AS PER CONTRACT | | |
| | ' ' | | |
| B5 | Details of pay and conditions of employment (for example, holidays). | | |
| | AS PER CONTRACT | | |
| | | | |
| В6 | Hours of work. 35 HOURS OR HORE | | |
| В7 | The duration of the job. FULTIME PERMANENT | | |
| В8 | Qualifications required. | | |
| | ELECTRONICS & TELECOMMUNICATIONS LEVELT | | |
| | | | |
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| B9 Type of experience required. | | | | |
|--|--|--|--|--|
| AS DER CONTRACT | | | | |
| Length of experience required. | | | | |
| Other skills or competencies required. | | | | |
| AS DER CONTRACT | | | | |
| | | | | |
| Does the worker require occupational registration in New Zealand? | | | | |
| Yes The applicant will need to produce evidence that this has been obtained at the time of submitting the work visa application. No | | | | |
| Section C Overseas recruitment based on non-availability of New Zealand residents | | | | |
| This section must be completed if the person you have offered employment to is applying under the Essential Skills work category unless: | | | | |
| the occupation is on an Immigration New Zealand skill shortage list (either the Long Term, Immediate, or Canterbury skill shortage list) and the person meets the qualification and/or work experience requirements of the list, or | | | | |
| the person wishes to continue working in the role they currently hold, and they have been invited to apply or have applied under the Skilled Migrant Category based on this employment. | | | | |
| You must answer the questions below and attach evidence to show that you have made genuine attempts to recruit New Zealand citizens or residence class visa holders for the position. We can make a faster visa decision if you provide satisfactory evidence of doing so now. | | | | |
| If your vacancy is skill level 4 or 5 of the ANZSCO, in most cases you must engage with Work and Income before supporting an Essential Skills work visa. Work and Income will refer candidates who are suitable and available for the role (if there are any) and give you a Skills Match Report if you choose to support a work visa. For details of exemptions from this requirement see the Essential Skills work visa requirements section of the <i>Work Visa Guide (INZ1016)</i> . | | | | |
| Have you made genuine attempts to recruit New Zealanders for the role offered? | | | | |
| Yes Attach evidence, such as dated copies of advertising or records of your engagement with a recruitment company. The evidence must show where advertising occurred, as well as the frequency and duration. | | | | |
| □No | | | | |
| Have you made efforts as an employer to train New Zealanders to fill the positions available? | | | | |
| Yes Attach documents outlining the types of training provided and the outcome of that training. No Provide a written statement outlining why you have not made efforts to train New Zealanders. | | | | |
| Explain why the New Zealanders considered for this role were not suitable. Provide details such as how many New Zealanders were considered, why they couldn't perform the duties described in the job description and why they were not able to be trained. | | | | |
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Section D Declaration by employer

This section must be read and signed by a person who has authority to make representations and enter into agreements on the employer's behalf.

I understand the notes and questions in this form and I declare that the information given about my business is true and correct.

I understand that further information relating to business records, sets of accounts, financial statements and other records deemed necessary may be requested.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, that I may be committing an offence under sections 342 and 348 of the Immigration Act 2009 and may be liable to prosecution.

I agree to inform Immigration New Zealand about any relevant changes to the circumstances of my business that occur after I lodge this form that may impact on current or prospective applicant's employment.

I agree to pay any Essential Skills work visa holder in my employment the remuneration required by their visa conditions.

I authorise Immigration New Zealand to:

- seek information concerning my compliance with New Zealand's immigration and employment laws from any records held by the Ministry of Business, Innovation and Employment
- make any enquiries it deems necessary in respect of the documents or information provided in respect of this form
- share information provided about me or my business with other government agencies (including overseas agencies) to the extent necessary to make decisions.

| Signature | Date 14102121210118 |
|----------------------|---------------------------------|
| Name SEDDHARTHA DOMA | Job title or position DTRE CTOR |