

Atlantic Immigration Program

Endorsement Application Form

[PROVINCE]

Acronym Glossary:

AIP – Atlantic Immigration Program

ECA – Educational Criteria Assessment

IRCC – Immigration, Refugees and Citizenship Canada

IRPA – Immigration and Refugee Protection Act

IRPR – Immigration and Refugee Protection Regulations

PR – Permanent Resident

TR – Temporary Resident

PA – Principal Applicant

SPO – Service Provider Organization

MOU – Memorandum of Understanding

LMIA – Labour Market Impact Assessment

NOC – National Occupational Classification

TEER – Training, Education, Experience and Responsibilities

TFW – Temporary Foreign Worker

Employers must receive provincial designation to participate in the Atlantic Immigration Program. Once designated, employers must complete this application for endorsement, to be submitted to [PROVINCE]'s Office of Immigration, for each Principal Applicant under the Atlantic Immigration Program.

SECTION A [EMPLOYER INFORMATION]

Legal Business Name

Primary Business Contact

Operating as

Email (Primary)

Telephone

Secondary Business Contact

Website

Email (Secondary, if applicable)

Address where the employee will work, including postal code

Corporate Registry

CRA Business Number

Business Establishment Date

Describe primary business activities of the company – Including products and services offered:

Current number of employees in [PROVINCE]:

Full Time

Part Time

Employees on work permits

FOR EMPLOYER'S FIRST ENDORSEMENT APPLICATION THROUGH THE ATLANTIC IMMIGRATION PROGRAM ONLY:

Ensure that you have completed/attached the mandatory IRCC onboarding training (Proof of completion of the training will be communicated to the Provinces by IRCC)

Attach proof of completion of intercultural competency training, delivered by an approved service provider, where the province has deemed it appropriate or necessary.

SECTION B [POSITION INFORMATION]

Ensure that you have attached the following:

A detailed position description including roles and responsibilities, qualifications, education and experience required

Detailed conditions of employment and all supporting documents; including, but not limited to:

- Wages (if there is a probationary period, explain the length of time and pay during this period)
- Overtime pay
- Vacation Time and Vacation Pay
- Holiday Pay

- Hours of Work
- Language Requirement
- Location of Employment
- Benefits (including accommodations, if applicable)

A copy of the accepted job offer with the signature of the authorized signing officer for your business and the signature of the employee accepting the offer

1. Is this a permanent, full-time position? Yes No

2. If non-permanent, provide position duration: _____

3. Annual Salary/Hourly Wage: _____

4. Benefits and Bonuses: _____

SECTION C [EMPLOYEE INFORMATION]

Name of Worker: _____ Position Offered: _____

Date of Birth: _____ Position Start Date: _____

Preferred Official Language: _____ Current Country of Residence: _____

Dependent Information

	Name of Dependent	Date of Birth (dd/mm/yyyy)	Relationship	Current Country of Residence
1.				
2.				
3.				
4.				
5.				

1. Language:

- Completed and passed a language exam (IELTS or CELPIP for English, TEF Canada or TCF Canada for French):
 Yes No
- Language Requirement for the position: English French Both
- Attach candidate language test result

2. Education

- Completed a secondary and/or post-secondary credential from a recognized Canadian institution:
 Yes No
If No,
 - Completed an educational credential assessment (ECA): Yes No
- Attach candidate educational credential or ECA**

3. Application Program:

Indicate the NOC TEER category of the Job Offer:

TEER 0 TEER 1 TEER 2 TEER 3 TEER 4

Atlantic International Graduate? Yes No

4. TEER Category Requirements

Does the candidate meet the required TEER category criteria for the position that they are applying for?

TEER 0 –

- CLB 5: Yes No
- Education (one year Canadian post-secondary program credential or equivalency, demonstrated by a valid ECA): Yes No
- Experience (candidate has accumulated 1 year of work experience in the TEER 0, 1, 2, 3 or 4 categories in the last 5 years): Yes No
 - Atlantic International Graduate? Yes No

TEER 1 –

- CLB 5: Yes No
- Education (one year Canadian post-secondary program credential or equivalency, demonstrated by a valid ECA): Yes No
- Experience (candidate has accumulated 1 year of work experience in the TEER 1, 2, 3 or 4 categories in the last 5 years): Yes No
 - Atlantic International Graduate? Yes No

TEER 2 –

- CLB 5: Yes No
- Education (Canadian educational credential (high school) or equivalency, demonstrated by a valid ECA): Yes No
- Experience (candidate has accumulated 1 year of work experience in the TEER 2, 3 or 4 categories in the last 5 years.): Yes No
 - Atlantic International Graduate? Yes No

TEER 3 –

- CLB 5: Yes No
- Education (Canadian educational credential (high school) or equivalency, demonstrated by a valid ECA): Yes No
- Experience (candidate has accumulated 1 year of work experience in the TEER 3 or 4 categories in the last 5 years.): Yes No
 - Atlantic International Graduate? Yes No

TEER 4 –

- CLB 4: Yes No
- Education (Canadian educational credential (high school) or equivalency, demonstrated by a valid ECA): Yes No
- Experience (candidate has accumulated 1 year of work experience in the TEER 4 category in the last 5 years): Yes No
 - Atlantic International Graduate? Yes No

SAMPLE

5. Work Experience

	Duration (mm/yyyy)	Work Experience	Location
1.	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
2.	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
3.	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
4.	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
5.	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>

SECTION D [COMMITMENT TO SETTLEMENT SUPPORTS]

1. Settlement Plan: Employers must ensure each Principal Applicant and their accompanying family member(s) receive a settlement plan in their preferred official language, which includes customized information and referrals.

The settlement plan is to be completed by a federally- or provincially-funded immigrant settlement service provider organization (from the list attached) in the preferred official language of the Principal Applicant and must thoroughly assess and make appropriate referrals, where applicable, for the following types of settlement needs: information and orientation to life in Canada, housing, education, health care, financial services, language assessment and language training, employment support, connection to community services, recreation, ethno-specific and/or faith-based associations.

Information deemed sensitive by either the immigrant settlement service provider organization or the Principal Applicant will be removed from the version of the settlement plan provided to third-party organizations (i.e., employers, provincial/federal government).

Please attach individual settlement plan(s) to this application.

2. Commitment to Settlement Supports: Employers must commit to supporting each Principal Applicant's and their accompanying family member(s)' access to the services identified in their respective individualized settlement plans. Where necessary, the employer's obligation will include providing or paying for services that are not otherwise available to the Principal Applicant and their family member(s).

Please indicate 1-2 ways that you will support your candidate and their accompanying family member(s) in meeting their settlement goals:

Preferred Official Language:

For every Principal Applicant, applying with a NOC TEER 4 job offer, whose preferred official language (English or French) level is lower than the Canadian Language Benchmark (CLB) 5 or equivalent in any of the four competencies (i.e., listening, speaking, reading and writing), employers must help ensure that, starting within the first three months after landing in Canada under the Program, language training support is made available to the candidate as needed until the candidate can demonstrate that s/he has obtained CLB 5 across the four competencies (i.e., listening, speaking, reading and writing).

Language training support can include:

- Language assessment
- Language training classes on or off the worksite
- Federally or provincially-funded language training, such as Immigration, Refugees and Citizenship Canada's (IRCC) Language Instruction for Newcomers to Canada (LINC) / Cours de langue pour les immigrants au Canada (CLIC)
- Online/distance ESL or FSL training

NOTE: In undertaking a settlement plan, it may be determined that the Principal Applicant and their spouse and dependents, may not be in need of any of the above referrals. In particular, this could be the case for candidates who have already been working and living in the province, and have already become sufficiently established to not require any of the above.

NOTE: Please note that where the Principal Applicant has applied with a NOC TEER 4 job offer and the application for permanent residency has been refused by the Government of Canada, the employer will bear sole responsibility for costs to return the Principal Applicant to their country of origin.

SECTION E [GENERAL INFORMATION]

1. How did you learn about the applicant?

- | | | |
|---|--|--|
| <input type="checkbox"/> Employer Recruiting Activities | <input type="checkbox"/> Applicant Initiated Contact | <input type="checkbox"/> Employer Lawyer |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Listing on job site | <input type="checkbox"/> Professional link |
| <input type="checkbox"/> Listing on Provincial job site | <input type="checkbox"/> Contacted by family member | <input type="checkbox"/> Other employees |

2. Provide contact details for any box checked above:

Name: _____ Address: _____

Phone Number: _____ Email: _____

Date Contact was made (dd/mm/yyyy): _____

Name: _____ Address: _____

Phone Number: _____ Email: _____

Date Contact was made (dd/mm/yyyy): _____

Name: _____ Address: _____

Phone Number: _____ Email: _____

Date Contact was made (dd/mm/yyyy): _____

3. Is this a unionized position?

- Yes No

4. Is this a new position?

Yes No

Describe why you need this position for your business.

SECTION F [MANDATORY RECRUITMENT ACTIVITIES]

Name of Immigrant Consultant: _____

Name of Recruiter: _____

Other (specify): _____

1. Is the Applicant in possession of a work permit? Yes No
2. If yes, what type of work permit is held? Open PGWP LMIA
3. Is the Applicant currently working for you? Yes No

If yes, provide a copy of their valid work permit and complete Section G.

If no, complete the following:

4. How long was this position vacant?

Weeks: _____ Months: _____ Years: _____

5a. Was this position advertised according to Provincial minimum requirements? Yes No

New Brunswick – 4 weeks Yes No N/A

Newfoundland and Labrador – 3 weeks Yes No N/A

Nova Scotia – 4 weeks Yes No N/A

Prince Edward Island – 4 weeks Yes No N/A

5b. If so, locally, nationally, or both? Locally Nationally Both

6. Please provide copies of three advertisements that predate the offer of employment.

	Location/Website	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	No. of applications
1.				
2.				
3.				

7. State why the position could not be filled by a Canadian Citizen or Permanent Resident?
(Including, but not limited to, the number of applications received and number interviewed).

SECTION G [IMMIGRATION REPRESENTATIVE / RECRUITMENT AGENCY]

If you used the services of an Immigration Representative, complete the following:

Note: You are required to declare any assistance received, paid or unpaid.

Company Name: _____

Phone Number: _____

Email: _____

Website: _____

Mailing Address, including postal code: _____

1. Did anyone assist you in facilitating communications with the candidate during or following your hiring process?
 Yes No

If yes, provide the following details:

Name: _____

Phone Number: _____

Email: _____

Mailing Address, including postal code: _____

2. Does anyone in your corporate structure have interests in a company located anywhere whose primary business is recruitment or immigration?
 Yes No

If yes, describe the relationship and provide details:

3. Were you aware of the candidate before initiating recruitment efforts? Please describe.

4. Did anyone other than an immigration representative assist you in the completion of this application?

Yes No

If yes, provide the following details:

Name: _____ Phone Number: _____

Email: _____

Mailing Address, including postal code: _____

Method of assistance (phone, email, in-person, etc.) and describe how.

If you used the services of a Recruitment Agency, complete the following:

Note: You are required to declare any assistance received, paid or unpaid.

Company Name: _____

Phone Number: _____

Email: _____

Website: _____

Mailing Address, including postal code: _____

1. Did anyone, foreign or domestic, assist you in the recruitment of this candidate or did anyone contact you to hire this candidate?

Yes No

If yes, provide the following details:

Name: _____

Phone Number: _____

Email: _____

Mailing Address, including postal code: _____

Method of assistance (phone, email, in-person, etc.) and describe how.

2. Is the Principal Applicant your relative?

Yes No

3. Is the Principal Applicant a Director, Shareholder, or Investor in your business?

Yes No

If yes, please explain the relationship and indicate the reason this person was hired for the job over other candidates:

** Please note that this program is not designed for self-employed applicants. If you are a self-employed individual, you may wish to consider other immigration pathways.*

SECTION H [TEMPORARY WORK PERMIT]

1a. Do you require [PROVINCE] to issue a Letter of Support for a work permit?

Yes No

<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/temporary-residents/foreign-workers/special-initiatives-pilot-project/exemption-code-c18.html>

1b. Position National Occupational Classification Code (NOC): _____

<https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/eligibility/find-national-occupation-code.html>

2. Please confirm you have read the requirements for the employer compliance and you are willing to establish a federal account and pay the required fee:

Yes No

<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/partners-service-providers/employer-portal.html>

***NOTE:** Designated employers are expected to support and bear sole financial responsibility for the applicant in the event of refusal for permanent residency at the NOC TEER 4 category. The responsibility will require the employer to cover the costs of the Principal Applicant to return to their country of origin.

SECTION I [ENDORSEMENT COMPLIANCE]

- [PROVINCE] will rescind the endorsement upon becoming aware that the job offer is not genuine, full-time and based on labour market need identified by the province, or that the identified candidate listed in the endorsement does not have a genuine intent to fill the job offer listed in the endorsement certificate.
- [PROVINCE] will rescind endorsements of foreign nationals who have received a job offer from an employer who is de-designated and do not have an application for permanent residence under the Program that has been accepted into processing by Canada.
- [PROVINCE] may, but is not required to, request additional documents from applicant to confirm that they meet the federal criteria of the Program, and will not issue an endorsement if they are not satisfied that the applicant meets the federal requirements.
- [PROVINCE] has the ability to not issue an endorsement when the applicant is on a study permit, has not completed their studies and the offer of employment is at the NOC TEER 4 category.
- [PROVINCE] in its sole discretion determines that an applicant or anyone associated with an application to this Program or another provincial immigration program has committed fraud or misrepresentation with respect to an application submitted to [PROVINCE] under this Program or any other immigration program for which [PROVINCE] has obligations under an agreement with Canada, [PROVINCE] may refuse the application and reject any future applications submitted by that individual from the date the determination is made and for a period of up to five (5) years thereafter.
- [PROVINCE] has the ability to not issue an endorsement where an endorsee, employer or representative has engaged in harassing, discriminatory or defamatory behavior towards any organizations involved in the program, including [PROVINCIAL organization], and IRCC.

SECTION J [EMPLOYER DECLARATION]

Initial beside each statement to acknowledge agreement and then sign at the bottom of the page.

On behalf of _____ (the "employer"):
[Employer Name]

Initials

_____ I declare that I have read, understand, and agree to comply with the [PROGRAM NAME] guidelines set out in [INSERT NAME/LINK OF PROGRAM GUIDE]. I understand that [PROGRAM NAME] guidelines may be revised or amended by Province from time to time and agree that accessing and complying with current [PROGRAM NAME] guidelines is my sole responsibility. I understand and agree that any failure on my part to comply with the [PROGRAM NAME] guidelines may render me ineligible to participate in [PROGRAM NAME].

_____ I declare that the employer has a history of good workplace and business practices, and is in current compliance with all applicable laws and regulations, including, but not limited to federal and provincial labour standards legislation, workers compensation legislation, the Immigration and Refugee Protection Act and Regulations, human rights legislation, occupational health and safety legislation, trade union legislation and, where applicable, food safety legislation.

- I declare that the employer has screened the applicant to the best of its ability and believes he/she is able to fulfill the requirements of the position.
- I declare that the employment of the Principal Applicant, as described in this application, will not conflict with any bargaining agreements to which the employer is a party, and will not affect the settlement of any labour dispute or the employment of a person involved in such a dispute.
- I declare that the employment of the Principal Applicant, as described in this application, will not adversely affect employment or training opportunities for Canadian citizens or permanent residents in [PROVINCE].
- I declare that the attached job offer is bona fide and is being utilized solely to fill a genuine pre-existing labour need.
- I declare that the attached signed contract is bona fide.
- I declare that I had identified a genuine labour need before identifying the candidate for the position.
- I confirm that I have provided confirmation of employment and other relevant documents to demonstrate the employer's financial ability to honour this employment offer.
- I declare that I am not a business or agency that recruits and hires individuals in order to establish a pool of prospective or current workers that can be later transferred or contracted to separate business for staffing purposes.
- I declare that I have not accepted or exchanged money with any employee, applicant, recruiter, or agent in exchange for making a false application to [PROVINCE] in support for Permanent Residency.
- I acknowledge the completion of mandatory onboarding training and intercultural competency training, when deemed necessary or appropriate by [PROVINCE].
- I declare that the employer will meet the commitments to settlement outlined in this application form and accompanying settlement plan(s). I acknowledge that some settlement supports or services in the plan may not be available, in which case, where necessary, the employer will provide or pay for the provision of such supports or services.
- I acknowledge that where the Principal Applicant has applied with a NOC TEER 4 job offer and the application for permanent residency has been refused by the Government of Canada, the employer will bear sole responsibility for costs to return the Principal Applicant to their country of origin.
- I acknowledge that if this application is approved, it is the employer's obligation to provide employment to the Principal Applicant, and to regularly provide information to the Government of [PROVINCE], and related matters.
- I authorize the Government of [PROVINCE] to collect, use, retain, disclose, and destroy personal and business information for the purposes of assessing this application and administering the Atlantic Immigration Program, including research, monitoring and evaluation of the program and the employer's participation in it, and the detection of fraud, criminality, threats to public safety, and other non-compliance with federal or provincial law. This includes disclosure to, collection, retention use, and destruction by third parties of personal and business information as authorized by the Government of [PROVINCE] for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal and business information, I may contact the [PROVINCE] Office of Immigration.

- _____ I authorize the Government of [PROVINCE] to research, monitor, and evaluate the Atlantic Immigration Program under the authority of the [PROVINCE] Freedom of Information and Protection of Privacy Act, the Immigration and Refugee Protection Act and Regulations and other relevant Government of Canada legislation.
- _____ I authorize immigration officials with the Government of [PROVINCE] to disclose information provided in the Employer Designation Application and the Endorsement Application to the Government of Canada, and to collect additional personal and business information from the Government of Canada, as necessary, for the purpose of assessing, verifying information, monitoring, and evaluating the Atlantic Immigration Program, or in the event of any suspected non-compliance with any provincial or federal law.
- _____ I authorize immigration officials with the Government of [PROVINCE] to disclose information provided in the Employer Designation Application and the Endorsement Application to other Canadian provincial and territorial immigration officials, and to collect additional personal and business information from other Canadian provincial and territorial immigration officials, as necessary, for the purpose of assessing, verifying information, or in the event of any suspected non-compliance with any provincial or federal law.
- _____ I authorize the Government of [PROVINCE] to contact any person and disclose personal and business information to verify information provided by the employer in this form, the accompanying documents, and in any other aspect of the employer's participation in the Atlantic Immigration Program.
- _____ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about the employer may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency, or organization.
- _____ I declare that the information given in this form and the accompanying documents is true, complete, and correct. I agree to immediately inform [PROVINCE] Office of Immigration in writing of any change in any information given in this form or the accompanying documents.
- _____ I understand that any false statement or concealment of information may result in, among other things, denial of this application and de-designation of the employer from the Atlantic Immigration Program.
- _____ I understand all of these statements and have asked for and received an explanation for any point that was not clear to me.
- _____ I have read, reviewed, acknowledge, agree, and accept all responsibility with the terms, requirements, and conditions set out in the AIP Endorsement Guide and Application Form.

Name of Authorized Signing Officer
[Family Name, Given Names]

Title of Authorized Signing Officer

Signature of Signing Officer

Date (dd/mm/yyyy)

SECTION K [EMPLOYEE DECLARATION]

Initial beside each statement to acknowledge agreement and then sign at the bottom of the page.

I, _____, understand everything written in this application. I have asked for
[Employee Name] and received explanation for any point that was not clear to me.

Initials

- _____ I authorize the Government of [PROVINCE] to collect, use, retain, disclose, and destroy personal information about me and my family for the purposes of assessing this application and administering the Atlantic Immigration Program, including research, monitoring, and evaluation of the program and the employer's and my participation in it. This includes disclosure to, collection, retention, use, and destruction by third parties of personal information as authorized by the Government of [PROVINCE] for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal information, I may contact the [PROVINCE] Office of Immigration.
- _____ I authorize the Government of [PROVINCE] to research, monitor, and evaluate the Atlantic Immigration Program under the authority of the [PROVINCE] Freedom of Information and Protection of Privacy Act, the Immigration and Refugee Protection Act and Regulations and other relevant Government of Canada legislation.
- _____ I authorize immigration officials with the Government of [PROVINCE] to disclose personal information to the Government of Canada and to collect personal information from the Government of Canada, as necessary, for the purpose of assessing, verifying information, monitoring, and evaluating the Atlantic Immigration Program, or in the event of any suspected non-compliance with any provincial or federal law.
- _____ I authorize immigration officials with the Government of [PROVINCE] to disclose personal information to other Canadian provincial and territorial immigration officials, and to collect personal information from other Canadian provincial and territorial immigration officials, as necessary, for the purpose of assessing, verifying information, or in the event of any suspected non-compliance with any provincial or federal law.
- _____ I authorize the Government of [PROVINCE] to contact any person and disclose personal information to verify information provided in this form, the accompanying documents, and in any other aspect of the employer's or my participation in the Atlantic Immigration Program.
- _____ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about me, my family, and the employer may be collected from, used by, or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency, or organization.
- _____ I declare that, to my knowledge, the information about me and my family included in this form and the accompanying documents is truthful, complete, and correct.
- _____ I will advise [PROVINCE] Office of Immigration of my residential address, phone number, and email address within thirty days of arriving in Canada. I will inform [PROVINCE] Office of Immigration when I change my address, phone number or email address at any time within three years of arriving in Canada.
- _____ I will immediately notify [PROVINCE] Office of Immigration if I change my job duties, quit, or am terminated from my position with the designated employer.
- _____ I acknowledge that where the Principal Applicant has applied with a NOC TEER 4 job offer and the application for permanent residency has been refused by the Government of Canada, the employer will bear sole responsibility for costs to return the Principal Applicant to their country of origin.

- I acknowledge the employer will bear sole responsibility for the costs associated with a temporary work permit holders' return to their country of origin, where the individual would have applied with a NOC TEER 4 job offer and where this designation has been revoked and the Government of [PROVINCE] is unable to find the worker alternative employment.
- I acknowledge that I have read, reviewed, acknowledge, agree, and accept responsibility with the terms, requirements, and conditions set out in the AIP Endorsement Guide and Application Form.

Name of Employee
[Family Name, Given Names]

Title

Signature of Authorized Signing Officer

Date (dd/mm/yyyy)

SAMPLE