OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL FOR THE RURAL COMMUNITY IMMIGRATION PILOT

SECTION 1: BUSINESS INFORMATION

Note: You can refer to the instructions to help you fill or	ut this form.					
1. Business operating name 2. Business le)		3. Telephone number	
4. Business mailing address:	•					
Street and number	ity		Province			Postal code
5. Business address (if different than mailing address):						
Street and number	ity		Province			Postal code
6. North American Industry Classification Sector (NAICS) co	ode(s) of Business sec	etor (minimum 4 c	igits)			
7. Website address				8.	Date of business establish	ment (YYYY-MM-DD)
						,
9. Size of business						
_						
Number of employees ▶ Under 100 employe	ees Over 1	00 employees				
Gross income ▶ Less than \$30,000	\$30,00	0 to 5 million	Over 5 n	nillion		
10. Describe the principal business activity						
SECTION 2: PRIMARY CONTACT INFORMA	TION OF EMPLO	OYER				
11. Family name (surname)	2. Given name(s)			13. Job t	title	
14. Telephone number Extension 1:	5. Fax number		16. Email addre	ss		
SECTION 3: DETAILS OF JOB						
17. Job title		18.	National Occupa	tional Cla	assification (NOC) code	19. Skill type/level/Category
20. Does the job meet the following requirements of the Rur	ral Community Immigr	ation Pilot Progra	m?			
lab is full times	7 tab ia indatawainat	· (d data)			lab :	
Job is full-time	Job is indeterminate	e (no end date)			Job is non-seasor	iai (year-round)
Occupation is needed in the community	Job is genuine and	represents a labo	ur market need		Job is located in t	he community
21. Address of physical job location (if different than busines	ss address)					
Street and number			City			
Province		Posta	l code	1:	22. Expected start date of e	employment (YYYY-MM-DD)
					•	- '



П			
L	Save Reset Form Print Form	Validate Page 2	of 4
23. Main duties of the job			
24. Minimum education requirements of the job			
Doctorate/PhD	Doctor of Medicine	Master's degree	
Bachelor's degree	College level diploma/certificate	Apprenticeship diploma/Certificate	
High school diploma	Vocational school diploma/certificate	No formal education requirement	
How was the candidate selected for this position? Please provide	details:		
Was an interview conducted? Yes, in person	Yes, remotely No		
Please provide details			
Provide any additional pertinent information related to the job offer:	:	_	
25. Experience/skills requirements of the job			
26. Are there provincial/territorial/federal certification, licensing or re	registration requirements of the job?		
No Yes – If yes, indicate the name of the certi	ifying/licensing/registering body ►		
27. Wage in Canadian dollars and number of work hours			
Amount per hour Amount per year Total num	nber of work hours per day Total number of wo	rk hours per week Total number of work hours per mo	nth
Overtime rate per hour of: starts after	hours of work per week.		
28. Alternate compensation scheme (if applicable)			
Please describe:			
29. Benefits			
Disability insurance Dental insurance	Pension		
Extended medical insurance (e.g. prescription drugs, param	nedical services, medical services and equipment		

Other benefits, please specify ►

Vacation ► Days: (Number of business days per year) OR

Remuneration: (% of gross salary)

Validate Save Reset Form Print Form

SECTION 4: EMPL	OYEE INFORM	IATION	N (This section	must be o	comp	leted by the employe	r)				
30. Family name (surname) as shown on the passport			31. Given name(s) as shown on the passport								
32. Gender	2. Gender 33. Date of birth (YYYY-MM-DD)		DD)	34. U	CI / ID client no.		35. Co	ountry of bir	rth		
0											
36. Country of residence		37	. Citizenship			38. Passport number			39. Marita	l status	
,			•			·					\blacksquare
40. Accompanying family	members and their	date of h	nirth								
40.7 tooompanying family	members and then	date of b	JII 41								
41. Mailing address	1		la, , ,	l a						lov æ	
P.O. box	Apartment/Unit		Street number	Street name	е					City/Town	
Country	•		•	Province/St	tate		Postal	code		District	
42. Email address										43. Telephone number	
SECTION 5: DECLA	ARATION OF F	MPL O	YFR								
Important: You, the emp	loyer must read th	ne staten	ment carefully, prin	t your name,	, sign,	and date this section					
I certify that I a	m actively engaged	in the bu	usiness in respect of	f which the off	fer of e	mployment is made.					
						al laws that regulate employnable, with the terms and condi					
L certify that Ly	vill provide the foreig	n nation	al with employment	in the same o	occupat	tion as that set out in the fore	ian natio	- nal'e off	er of emplo	nyment and with	
			stantially the same.	iii tiio saine c	оссара	tion as that set out in the lore	igii natioi	1013 011	or or emplo	yment and with	
☐☐ I understand th	at Immigration, Ref	ugees ar	nd Citizenship Cana	da will not dis	close t	he information contained here	ein to Thi	rd Parti	es, except	as described in	
bilateral inform	ation-sharing arrang	gements	or except as author	ized or require	ed by la	aw.					
						provided false or misleading					
		, ,	•	,		firm that I understand that pro ial foreign workers applicatior				,	
			ugee Protection Act			0 11					
I consent to the	e collection and disc	losure of	f the information cor	ntained herein	, includ	ding for monitoring and evalua	ation purp	oses.			
I confirm that I	have read and unde	erstood ti	he contents of this fo	orm. I declare	that th	e information that I have prov	vided in tl	nis form	n is true, co	mplete and accurate.	
	Name of employe	r				Signature of employer				Date (YYYY-MM-DD	

Save Reset Form Print Form Validate

Page 4 of 4

SECTION 6: DECLARATION OF EMPLOYEE

Important	nt: You, the employee (the principal applicant), must read the content	s, read the statement carefully, print your name, sign and date	this section				
	I confirm that I understand that if I have made a false declaration or have a material fact, my application for permanent residence could be rejected or concealing material facts could be an offense and/or constitute non-co	d. I further confirm that I understand that providing such false or mis					
	I also understand that should I be found to be inadmissible for misrepresineligible to apply to certain IRCC programs for a period of five years foll Canada, following my removal from Canada,						
	I consent to the disclosure of the information contained herein, including for monitoring and evaluation purposes.						
	I understand that Immigration, Refugees and Citizenship Canada will not disclose the information contained herein to Third Parties, except as described in bilateral information-sharing arrangements or except as authorized or required by law.						
	I confirm that I have read and understood the contents of this form.						
	I declare that the information that I have provided on this form is true, co	mplete and accurate.					
	Name of employee	Signature of employee	Date (YYYY-MM-DD)				

Privacy Statement

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided may be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, designated Economic Development organizations, provincial/territorial governments and foreign governments for the purpose of validating identity, eligibility and admissibility.

Personal information may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the <u>Office of the Privacy Commissioner of Canada</u>. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - <u>IRCC PPU 042</u>.