



OFFER OF EMPLOYMENT TO A FOREIGN NATIONAL – FEDERAL ECONOMIC MOBILITY PATHWAYS PILOT (Federal EMPP)

SECTION 1: BUSINESS INFORMATION

1. Business operating name		2. Business legal name		3. Telephone number	
4. Business mailing address:					
Street and number		City	Province		Postal code
5. Business address (if different than mailing address):					
Street and number		City	Province		Postal code
6. Website address					
7. Business CRA Number (First 9 digits are mandatory)				8. Date of business establishment (YYYY-MM-DD)	
9. Size of business					
Number of employees ▶ <input type="checkbox"/> Under 100 employees <input type="checkbox"/> Over 100 employees					
Gross income ▶ <input type="checkbox"/> Less than \$30,000 <input type="checkbox"/> \$30,000 to 5 million <input type="checkbox"/> Over 5 million					
10. Describe the principal business activity					

SECTION 2: PRIMARY CONTACT INFORMATION OF EMPLOYER

11. Family name (surname)		12. Given name(s)		13. Job title	
14. Telephone number	Extension	15. Fax number	16. Email address		

SECTION 3: DETAILS OF JOB

17. Job title		18. National Occupational Classification (NOC) code		
19. Does the job meet the following requirements of the Federal EMPP?				
<input type="checkbox"/> Job is full-time (at least 30 hours of work over a period of one week)		<input type="checkbox"/> Job is non-seasonal		
<input type="checkbox"/> Job is outside Quebec		<input type="checkbox"/> At least one year job offer for an occupation listed in TEER Category 0, 1, 2, 3, 4 or 5 of the NOC		
20. Address of physical job location (if different than business address provided in question 4)				
Street and number		City	Province	Postal code
21. Expected start date of employment (YYYY-MM-DD)		22. Expected duration of employment		
		<input type="checkbox"/> Determinate: _____ year(s) _____ months <input type="checkbox"/> Indeterminate (no end date)		
23. Main duties of the job				

24. Minimum education requirements of the job				
<input type="checkbox"/> Doctorate/PhD	<input type="checkbox"/> Doctor of Medicine	<input type="checkbox"/> Master's degree		
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> College level diploma/certificate	<input type="checkbox"/> Apprenticeship diploma/certificate		
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Vocational school diploma/certificate	<input type="checkbox"/> No formal education requirement		
25. Experience/skills requirements of the job				
26. Are there provincial/territorial certification, licensing or registration requirements of the job?				
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, indicate the name of the certifying/licensing/registering body ►				
27. Wage in Canadian dollars and number of work hours				
Amount per hour	Amount per year	Total number of work hours per day	Total number of work hours per week	Total number of work hours per month
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Overtime rate per hour of: _____ starts after _____ hours of work per week.				
28. Alternate compensation scheme (if applicable)				
Please describe: _____				
29. Benefits				
<input type="checkbox"/> Disability insurance	<input type="checkbox"/> Dental insurance	<input type="checkbox"/> Pension		
<input type="checkbox"/> Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment)				
<input type="checkbox"/> Vacation ► Days: _____ (Number of business days per year) OR				
Remuneration: _____ (% of gross salary)				
<input type="checkbox"/> Other benefits, please specify ► _____				

SECTION 4: EMPLOYEE INFORMATION (This section must be completed by the employer)

30. Family name (surname) as shown on the passport		31. Given name(s) as shown on the passport		
32. Gender	33. Date of birth (YYYY-MM-DD)	34. Unique Client Identifier (UCI)	35. Passport number	
36. Mailing address				
P.O. box	Apartment/Unit	Street number	Street name	City/Town
Country	Province/State		Postal code	District
37. Email address				38. Telephone number

SECTION 5: DECLARATION OF EMPLOYER**IMPORTANT: You, the employer, must read and sign this section**

- I certify that I am actively engaged in the business in respect of which the offer of employment is made to the foreign national.
- I certify that I am compliant with, and will comply with, the federal/provincial/territorial laws that regulate employment and the recruitment of employees, in the province/territory in which it is intended that the foreign national work and, if applicable, with the terms and conditions of any collective agreement.
- I certify that I will provide the foreign national with employment in the same occupation as that set out in the foreign national's offer of employment and with wages and working conditions that are substantially the same.
- I certify that I will make reasonable efforts to provide a workplace that is free of abuse which includes physical, sexual, psychological or financial abuse.
- I confirm that I have read and understood the contents of this form. I declare that the information that I have provided in this form is true, complete and accurate.
- 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 agreements or except as authorized or required by law.
- I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, the potential employee's application could be rejected. I further confirm that I understand that providing such false or misleading information, making a false declaration or failing to declare all information material to the potential foreign workers application could be an offense and/or constitute non-compliance under the *Immigration and Refugee Protection Act*.
- I consent to the collection and disclosure of the information contained herein, including for monitoring and evaluation purposes.

Name of employer

Signature of employer

Date (YYYY-MM-DD)

SECTION 6: DECLARATION OF EMPLOYEE**IMPORTANT: Employee must read and sign this section**

- I confirm that I have read and understood the contents of this form.
- I declare that the information that I have provided in Section 4 of this form is true, complete and accurate.
- I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, my application for permanent residence could be rejected. I further confirm that I understand that providing such false or misleading information or concealing material facts could be an offense and/or constitute non-compliance under the *Immigration and Refugee Protection Act*.
- I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the *Immigration and Refugee Protection Act*, I may be barred from entering Canada for a period of five years following a final determination of my inadmissibility or, if this determination is made in 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.

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 [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - [IRCC PPU 042](#).