

New Brunswick Provincial Nominee Program – Employer Information Form



New Brunswick Provincial Nominee Program

The employer must complete this form and return to the Applicant. Please print clearly. To learn more about the New Brunswick Provincial Nominee Program (NBNP), visit www.gnb.ca/immigration.

APPLICANT DETAILS		
(Do not provide information on your immigration representative, consultant, or lawyer in this section)		
Name (last, first, middle)		Date of Birth (dd-mm-yyyy)
Job Title	NOC code	Start Date (dd-mm-yyyy)
Supervisor	Business Location	
Is the applicant a current employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are they employed on a: LMIA-supported work permit <input type="checkbox"/> LMIA-exempt work permit <input type="checkbox"/>	

EMPLOYER DETAILS		
Business Name		Contact Name
Mailing Address (incl. Postal Code)		
Business Location (if different from Mailing Address)		
Telephone ()	Email address	Website address
New Brunswick Corporate Affairs Registry Reference Number		
New Brunswick Registry of Employers of Foreign Workers Reference Number *		
<small>* As of September 26, 2022, amendments to Canada's Immigration and Refugee Protection Regulations (IRPR) require that every New Brunswick employer that employs foreign workers be registered with the New Brunswick Registry of Employers of Foreign Workers.</small>		

COMPANY DESCRIPTION	
Year established:	Number of years in continuous active operation:
Name of Current Owner:	Year that current owner took ownership:
Number of full-time employees at present:	Number of part-time employees at present:
Does your company have an approved Labour Market Impact Assessment (LMIA)? Yes No	Does your company employ any foreign nationals with LMIA-exempt work permits? Yes No
How many workers are employed on LMIA-supported work permits?	How many workers are employed on LMIA-exempt work permits?

DESCRIBE THE COMPANY'S PURPOSE AND ACTIVITIES
THE NEW BRUNSWICK PROVINCIAL NOMINEE PROGRAM (NBPNP)
How many employees have you supported through the NBPNP ?
How many of the employees you supported through the NBPNP are still employed with your company?

LABOUR STANDARDS

As an employer, you are obligated to abide by the standards set out in the New Brunswick Employment Standards Act, and if applicable, the terms of any collective agreement in place. For more information on New Brunswick Employment Standards visit www.gnb.ca/labour. Please answer the following questions with respect to the Applicant.

What is the industry standard wage for the occupation in your region? (Provide the source)	
How are the wages paid?	
What is the yearly salary?	
What is the hourly wage?	
What are the hours per week?	
How is overtime calculated?	
What are the meal periods?	
How do you manage statutory holidays?	
What is the annual leave?	
Does the Applicant receive family leave?	
What other benefits does the Applicant receive?	
Other	

JOB REQUIREMENTS

Provide details of the job requirements

Educational Requirements	<input type="checkbox"/> No formal educational requirements; on-the-job training <input type="checkbox"/> High School Diploma (or equivalent certification) <input type="checkbox"/> High School Diploma (or equivalent certification) and specialized training <input type="checkbox"/> College, Specialized Training or Apprenticeship <input type="checkbox"/> University degree at the bachelor's, master's or doctorate level <input type="checkbox"/> Other, describe:
Language Requirements	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual <input type="checkbox"/> Other, describe:
Certification Requirements	
Licensing Requirements	
Registration Requirements	
Collective Agreement	
Other	

RECRUITMENT ACTIVITIES

Is this a new position?

<input type="checkbox"/> Yes	Why is a new position being added? <input type="checkbox"/> Increasing production or service delivery <input type="checkbox"/> Expanding to new location(s) <input type="checkbox"/> Introduction of a new line of business <input type="checkbox"/> Value specific individual and creating a position <input type="checkbox"/> Other, describe:
<input type="checkbox"/> No	Why could the position not be filled domestically? <input type="checkbox"/> Requires specialized skills or experience that could not be found <input type="checkbox"/> Lack of applicants that qualified for the position <input type="checkbox"/> Lack of applicants applying for the position (i.e. have found qualified talent but need more than those applying) <input type="checkbox"/> Other, describe:

What recruitment efforts have been undertaken?

	List dates of recruitment efforts and attach copies of published or online advertisements
<input type="checkbox"/> None, explain why:	
<input type="checkbox"/> Worked with the regional WorkingNB office	
<input type="checkbox"/> Online job boards <ul style="list-style-type: none"> <input type="checkbox"/> Job Bank <input type="checkbox"/> Kijiji <input type="checkbox"/> Social Media (e.g. Facebook) <input type="checkbox"/> Online Job Board (e.g. Monster, Career Beacon) 	
<input type="checkbox"/> Local – flyers, community posters, outreach to community organizations, job fairs within the local community	
<input type="checkbox"/> Provincial – newspapers, radio, tv, job fairs outside of the local community	
<input type="checkbox"/> National – newspapers, job fairs outside of the province, targeted marketing	
<input type="checkbox"/> Virtual Job Fair(s)	
<input type="checkbox"/> Other, describe:	

How did you learn about the Applicant? Check the appropriate box. You may check more than one box.

- | | |
|---|--|
| <input type="checkbox"/> Referral from WorkingNB office | <input type="checkbox"/> Immigration Representative |
| <input type="checkbox"/> Responded to advertisement, directly to the business | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Contacted by the Applicant's family member | <input type="checkbox"/> Employment Recruiter/Human Resources Firm |
| <input type="checkbox"/> Other employees | <input type="checkbox"/> Post-Secondary Institution |
| <input type="checkbox"/> Referred by a third party, not hired by the business | |

If you used the services of an immigration representative or recruitment agency, complete the following:

Company name

Representative

Mailing address, including postal code

(____)

Telephone

Email

Website

When and how did you first contact the Applicant?

Date (dd-mm-yyyy):

- Email
 Phone
 Video Conference (e.g. Skype)
 In-Person

I have not been in direct contact with the Applicant.

When did you have your first face-to-face meeting with the Applicant?

Date (dd-mm-yyyy):

- Video Conference (e.g. Skype)
 In-Person

I have not been in direct contact with the Applicant.

OTHER INFORMATION RELEVANT TO THE APPLICANT

CONFIRMATION OF PERMANENT FULL TIME EMPLOYMENT

The Applicant is expected to regularly work the standard number of hours fixed by the employer for employees in the Occupational Group in which they are employed. The job must not have a pre-determined end date.

Provide an up-to-date letter of reference, written on company letterhead and stamped with the company's official seal, including:

- the specific period of employment with the company including the positions held during the period of employment and the time spent in each position
- full details of main responsibilities in each position
- total annual salary plus benefits
- the signature of the immediate supervisor or the personnel officer of the company

CONFIRMATION OF WORK PERMIT SUPPORT

When a work permit (or work permit renewal) is required, **the employer must pay a federal compliance fee of \$230** and submit an offer of employment form through the IRCC Employer Portal before the applicant can submit an application for their work permit. Compliance fees are **not to be paid by the candidate** in any way (e.g. deducted from their pay over time).

YES. I am aware of and agree to pay the \$230 compliance fee in support of this candidate's work permit and/or work permit renewal.

NO. I am not willing to pay the \$230 compliance fee in support for this candidate's work permit and/or work permit renewal. I understand that, without this support, the candidate could be deemed ineligible for provincial nomination and their application refused.

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

EMPLOYER DECLARATION

I declare that the information given in this form is truthful, complete and correct. I understand the Applicant will be refused if I have intentionally misrepresented him/her or his/her role in the company.

I declare that the offer of employment does not conflict with any existing collective bargaining agreements and there is no labour dispute in progress at this time.

Signature of Employer

Title

Date (dd-mm-yyyy)



APPLICANT SIGNATURE

Signature of Applicant

Title

Date (dd-mm-yyyy)