



OFFICE USE ONLY	
File #:	
Date Received for Assessment by NTNP (yy/mm/dd):	

NORTHWEST TERRITORIES NOMINEE PROGRAM EMPLOYER APPLICATION FORM

- Please complete all sections of this form. If a question doesn't apply please write "n/a".
- If you have any questions or need help with the forms please contact Northwest Territories Nominee Program (NTNP) staff at 1-855-440-5450 or email immigration@gov.nt.ca.

WHICH EMPLOYER DRIVEN STREAM CATEGORY ARE YOU APPLYING UNDER?

Entry Level/Semi-Skilled Occupations Skilled Worker NWT Express Entry

1. Company Information		
Registered Company Name:		
Operating As:	Company Website:	
Physical Address (street):	City/Town:	
Province/Territory:	Country:	Postal Code:
Mailing Address (if different from above):	City/Town:	
Province/Territory:	Country:	Postal Code:
Owner(s):	Is the owner a Canadian Citizen or a permanent resident of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the owner have an application submitted to the Business Stream of the NTNP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact's Name (with signing authority)	
Contact Title:	Contact Email Address:	
Contact Telephone Number:	Contact Fax Number:	Type of Company (industry/sector):
Date Established (yy/mm/dd):	Number of Employees:	Number of Foreign Workers and Nominees:
<input type="checkbox"/> Public Company <input type="checkbox"/> Private Company	Primary Language of Business:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both

2. Job Information

Job Title:		Location:		
National Occupation Code:	Type of Employment:	Hours per Week:	Hourly Wage:	Annual Wage:
NT median wage per hour (as per Employment and Social Development Canada median wage rate):		Is this a new position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of time position has been vacant:	
Number of employees currently working in this type of position:	Number of employees laid off from this type of position in the last 12 months:	Number of current vacancies for this type of position:		
Language Required: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	Is any other language required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Why?				
Is this position part of a union? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', are the nominee applicant's compensation, terms and conditions of employment consistent with the collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes', which union?				
Have you ensured and verified that the applicant has the necessary credentials to be eligible to work in the occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the occupation consistent with the applicant's ability to perform the job based on the applicant's education, training and or experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Job Description

Please attach a job description or provide the following information:

Description of Position:

Duties:

Qualifications:

Experience:

Formal Education/Credentials Required (e.g. Degree, Diploma, Professional Designations):

Required Skills:

Did you receive a Labour Market Impact Assessment (LMIA) from Employment and Social Development Canada (ESDC) for this position? Yes No

If 'Yes', Please Indicate the LMIA
Date of Issue (yy/mm/dd):

4. Employer Declaration

This information is collected under the authority of the Northwest Territories *Access to Information and Protection of Privacy Act*, section 40(c), and will be used in the processing of the application, and will be protected by the privacy provisions of that Act. Applicants have the right to examine and request correction of their records, and to request a review by the Information and Privacy Commissioner. If you have any questions about this collection of information, please contact NTNP staff at 1-855-440-5450.

I authorize the Department of Education, Culture and Employment (ECE), as the Department responsible for administering the Employer Driven Stream of the Northwest Territories Nominee Program, to share information, including personal information, regarding my application under this program with Immigration, Refugees and Citizenship Canada and any other federal/territorial departments and their agencies, as well as municipal governments, unions and associations, and other organizations as deemed appropriate by ECE for the purposes of administering the program, including the verification and processing of my application and for program monitoring and evaluation.

I declare that:

- The information provided in this application is truthful, complete and correct.
- The offer of employment provides for wages and benefits equal to those the organization does or would pay to Canadians with similar skills and experience.
- The offer of employment does not conflict with an existing collective bargaining agreement, the settlement of any labour dispute or the employment of a person involved in such a dispute.
- The potential nominee has sufficient skills and experience to perform the duties of the position.
- I agree to provide employment for the potential nominee on a permanent full-time basis.
- I agree to sign a Memorandum of Understanding (MOU) that outlines my responsibilities under the Northwest Territories Nominee Program and abide by the terms of that MOU.
- I am a Canadian citizen or a permanent resident of Canada.
- I have interviewed the foreign national and determined that they have the required skills, as per Employment and Social Development Canada's National Occupational Classification (NOC) job description, and the experience to perform the duties of the position.
- I understand that failure to provide a complete application, including all required forms and credible supporting documentation, may result in the return or denial of this application.
- I understand that any false statements, concealment of a material fact, or breach of the MOU may result in my exclusion from the NTNP for a period of (1) one year, and/or the revocation of a nomination.

I, the Signing Officer, declare that I have the legal authority to sign this form on behalf of the Employer.

I declare that I have read and I understand all the statements contained in this application and above. I have asked for and obtained explanations on any points that were not clear to me.

X

Name of Employer's Authorized Signing Officer (mandatory)

Date (yy/mm/dd)

X

Signature of Employer's Authorized Signing Officer (mandatory)

Date (yy/mm/dd)

How did you hear about this program?

- Employer
 - Career Development Officer
 - Consulate/High Commission
 - Visa/Immigration Official
 - Government of Canada Website
 - Other:
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- Multicultural Centre
 - Educational Institution (college, university)
 - Employment Centre
 - Professional Association
 - Union
 - Newspaper
 - Poster
 - Radio
 - Family/Friends
 - Other:
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