



Northwest Territories' Nominee Program EMPLOYER APPLICATION FORM

OFFICE USE ONLY	
File #:	_____
Date Received for Assessment by NTNP YY/MM/DD	____ / ____ / ____

- 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 program staff at 1-855-440-5450 or email immigration@gov.nt.ca.

Which Employer Driven Stream 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="radio"/> NO <input type="radio"/> YES		
Does the owner have an application submitted to the Business Stream of the NTNP?			<input type="radio"/> NO <input type="radio"/> YES		
Contact (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="radio"/> Public Company <input type="radio"/> Private Company		Primary Language of Business: <input type="radio"/> English <input type="radio"/> French <input type="radio"/> 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 ESDC median wage rate):
Is this a new position? <input type="radio"/> NO <input type="radio"/> YES	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="radio"/> English <input type="radio"/> French <input type="radio"/> Both		Is any other language required? <input type="radio"/> NO <input type="radio"/> YES		If Yes, Why?
Is this position part of a union? <input type="radio"/> NO <input type="radio"/> YES	If 'Yes', are the nominee's compensation, terms and conditions of employment consistent with the collective agreement? <input type="radio"/> NO <input type="radio"/> YES				
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="radio"/> NO <input type="radio"/> YES			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="radio"/> NO <input type="radio"/> YES		

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 Services and Development Canada (ESDC) for this position?

NO

YES

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), will be used in the processing of my 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 program 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 Streams of the Northwest Territories' Nominee Program, to share information, including personal information, regarding my application under this program with Immigration, Refugee 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 the Employment Social development Canada 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 Memorandum of Understanding may result in my exclusion from the Northwest Territories' Nominee Program 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

Website (other): _____

Multicultural Centre

Educational Institution (college, university)

Employment Centre

Professional Association

Union

Newspaper

Poster

Radio

Family/Friends

Other: _____