



**Saskatchewan
Government Relations
and Aboriginal Affairs**

**Foreign Student Post Graduation
Work Permit Category
Employee Application Form**

FOR OFFICE USE ONLY

Office file number:

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

The Foreign Student Post Graduation Work Permit category requires the following (3) criteria be met prior to the application being considered for SINP nomination:

1. I have a Post Graduation Employment Work Permit issued by CIC Yes No
 Position Title: _____ Authorization Number: _____
 Date Issued: _____ Date of Expiry: _____

2. I have a permanent offer of employment. Yes No
 If yes, please attach.

3. I have attached education certificates and transcripts Yes No
 required for the position listed in #1, which show I have graduated from a Saskatchewan
 post secondary educational institute study program of at least one full-time year of academic study.

PLEASE PRINT OR TYPE APPLICATION

HAVE YOU BEEN ASSISTED IN COMPLETING THIS APPLICATION BY:

A Consultant A Lawyer Other _____

If so, please provide their NAME and ADDRESS:

HAVE YOU OR A FAMILY MEMBER ACCOMPANYING YOU EVER APPLIED FOR ADMISSION TO CANADA AS AN IMMIGRANT: Yes No

If yes, please provide:

Immigration office contacted: _____

Date(s) of application: _____

Name(s) of applicant: _____

Category of application: Entrepreneur Self-Employed Skilled Worker
 Family Class Provincial Nominee Investor

If Provincial Nominee indicate province of application: _____

Have you ever been refused a visa? Yes No

PERSONAL INFORMATION

1. a) Surname (family name):	b) Given name(s):
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c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code) is:

2. a) Date of birth (day/month/year):	b) Place of birth (city or town):	c) Country of birth:
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3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Citizenship:
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5. a) Mailing address:	b) Duration at this residence (years and months):
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c) Address of residence (complete if mailing address is a post office box or different from place of residence):	d) Telephone number:
	e) Facsimile number:

f) E-mail address:

6. List those who will accompany the applicant to Canada (use a separate sheet if required):

<u>Name</u> (provide birth name of spouse)	<u>Relationship</u> (spouse/children)	<u>Date of Birth/Age</u> (day/month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List relatives currently living in Canada:

<u>Name</u>	<u>Relationship</u> (Spouse/children)	<u>City/Province</u>	<u>Length of Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you as the principal applicant, or, any of your family members listed in your application for permanent residence in Canada, ever been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country?

YES NO

If your answer to this question is YES, provide details below.

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government for any purpose relating to my application and other government officials as deemed appropriate.
- I authorize the release of employment and educational history to associations and agencies assessing work and educational qualifications.
- I authorize the third party listed on this application to provide the completed form to the Saskatchewan Government and I further authorize this third party and the Government of Saskatchewan to discuss the contents of this form, or additional information of this type, for the purposes described in the application.

Applicant Name (please print)

Applicant Signature

Date

DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I am not sponsored by any agency or government with the expectation to return to country of origin to work after completion of my studies in Canada.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point that was not clear to me.

Applicant Name (please print)

Applicant Signature

Date