



EMPLOYER DECLARATION

This form should be completed and signed by the prospective *employer or employer representative (not agent or recruiter), and is intended for applications and requests for a work permit (where the employer is specified) for a foreign national, submitted to a mission overseas, at a port of entry or to the Case Processing Centre in Vegreville, Alberta, **where the occupation does not require a Labour Market Opinion**. This form is for the purpose of providing Citizenship and Immigration Canada or the Canada Border Services Agency with employer information, which will assist in work permit processing under the Temporary Foreign Worker Program.

*For the purposes of this form, an employer or representative is the person authorized to sign contracts/job offers and responsible for ensuring wages, working conditions and/or occupations are consistent with the terms of the contract/job offer. A representative acting on behalf of an employer must attach written authorization from the employer to act on his/her behalf; however the employer is still bound by its obligations to honour the terms of the contract/job offer.

TEMPORARY FOREIGN WORKER

Family name	Given name(s)
Date of birth (YYYY-MM-DD)	File number/Client ID (if available)

PART 1 - EMPLOYER IDENTIFICATION AND DETAILS

Name of employer/representative*		Name of business
Name business operates under (if different)		Canada Revenue Agency (CRA) business number
Branch/subsidiary		Business telephone number
Website (if applicable)		Contact name
Job title of contact person		Preferred official language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Phone number of contact person	Fax number of contact person	Email address of contact person**
Describe the principal business activity		

**NOTE: By indicating your e-mail address, you authorize Citizenship and Immigration Canada to transmit your personal information to that specific e-mail address. E-communication is our primary method of correspondence.

PART 2 – STATEMENT OF PRIVACY

I understand that employer information provided in support of a work permit application or request pursuant to the *Immigration and Refugee Protection Act* (IRPA) and *Regulations* (IRPR), including information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information collected by Citizenship and Immigration Canada (CIC), the Canada Border Services Agency (CBSA) or Human Resources and Skills Development and Service Canada (HRSDC/SC), will be stored in Personal Information Bank CIC PPU 054, Temporary Foreign Worker Records and Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

I understand that the information collected can be shared and used by CIC, CBSA and HRSDC/SC, under the Temporary Foreign Worker Program, for the purposes of administering and enforcing the *IRPA* and its regulations; and that this information may also be shared with provincial and/or territorial governments for the purposes of the administration and enforcement of provincial or territorial laws that regulate employment, or the recruiting of employees, in accordance with applicable legislation.

In accordance with the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of an access to their personal information. Details on these matters are available at the Infosource website.

PART 3 – SIGNATURE AND DATE

I understand that non-compliance on the part of the employer of a foreign national in Canada, in relation to rendering wages, working conditions and/or occupation as stated in the contract or job offer may result in the employer's ineligibility to participate in the Temporary Foreign Worker Program for a period of two years.

I have read and understand my obligations as the primary employer for this job offer, and the information provided on this form is true and accurate to the best of my knowledge.

Signature of Employer/ Representative*	Date (YYYY-MM-DD)
Printed name of employer/ representative	Title