

# Employer Designation Application

## ATLANTIC IMMIGRATION PILOT



The Atlantic Immigration Pilot is an employer driven immigration pilot program aimed at addressing skill gaps and labour market needs in the four Atlantic Provinces.

Designation is the first step for an employer interested in participating in the program. The designation process is designed to confirm that:

- The Atlantic Immigration Pilot is the immigration program best suited to address the employer's needs;
- The employer wants to hire full-time, non-seasonal international candidates, at a minimum of 30 hours/week;
- The employer and their business is established and in good standing as per the program guidelines
- The employer has demonstrated their preparedness to receive and meet the settlement needs of candidate(s) and accompanying family members, and has agreed to do so; and,
- The employer understands and agrees to the reporting requirements for the program.

Please complete this form if you are interested in being designated to participate in the Atlantic Immigration Pilot. You are required to complete this designation once, before accessing the pilot. Future use of the pilot will be supported by your initial designation, provided it remains valid.

*\*Please note that home-based businesses and businesses located in residential homes may not be eligible for designation.*

Please refer to the Guidelines for Designation and Endorsement for further information on completing this form.

### EMPLOYER DETAILS

\_\_\_\_\_  
Company Legal Name

\_\_\_\_\_  
Operating as (if applicable)

\_\_\_\_\_  
Name of primary authorized signing officer

\_\_\_\_\_  
Name of secondary authorized signing officer  
(if applicable)

\_\_\_\_\_  
Position within company

\_\_\_\_\_  
Position within company (if applicable)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone

(\_\_\_\_\_) \_\_\_\_\_  
Telephone (if applicable)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email (if applicable)

\_\_\_\_\_  
Two-digit code(s) of business sector under the  
North American Industry Classification System (NAICS)

\_\_\_\_\_  
Revenue Canada Taxation Number

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Corporate Registration number [e.g., Newfoundland and Labrador Registry of Deeds Number]

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Company Website

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Mailing Address, including postal code

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Business Location, including postal code.

\*If you are applying for designation for more than one location within Newfoundland and Labrador, please list the business name, civic address and contact person for each on a separate page.

Have there been any complaints, investigations or decision(s) against your company including, but not limited to decisions under: Provincial labour standards/Federal labour standards/Occupational Health and Safety/Human Rights/Immigration, Refugee and Protection Act (IRPA) or Immigration, Refugee and Protection Regulations (IRPR)?

Yes  No

If yes, you will be contacted by our office. Employers must currently be in good standing with provincial, occupational health and safety and labour authorities and not be in violation of the IRPA.

#### COMPANY DESCRIPTION

Year the company established in the Province: \_\_\_\_\_

Number of years in continuous active operation in the Province: \_\_\_\_\_

Number of years in continuous active operation under current management: \_\_\_\_\_

Total Number of Employees at time of application: \_\_\_\_\_

Full Time Employees: \_\_\_\_\_

Part Time Employees: \_\_\_\_\_

Does your company have an approved Labour Market Impact Assessment (LMIA):  Yes  No

Does your company employ Temporary Foreign Workers with a valid LMIA-exempt work permit?

Yes  No

If yes, provide the number of Temporary Foreign Workers with a valid work permit (not PRs/Canadians):

Number with LMIA: \_\_\_\_\_

Number of LMIA-exempt: \_\_\_\_\_

Describe your company's purpose and activities:

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Is your business registered or operating from a residential address:  Yes  No

If yes, please describe the primary activities taking place at this location.

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Is your business or are your employees located in a temporary or shared (hub) space?  Yes  No

If yes, please describe your plans to supervise the newcomer and foster a welcoming workplace. Also describe your business' long term plans for workspace.

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### LABOUR NEEDS

The Province must be satisfied that your business has the financial and other resource capacity to retain new hires for the duration of their contracts and may request additional information to validate this capacity.

Do you know approximately how many positions you intend to fill through the pilot?

Yes  No

Please provide the number of expected hires in each of the following three years:

2019	2020	2021

Are these vacancies a result of business expansion or are they currently unfilled positions within your organization?

Expansion  Current unfilled positions

Please explain: \_\_\_\_\_

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Describe the labour gaps in your company and why you are considering hiring one or more foreign national(s) through the Atlantic Immigration Pilot to address your labour needs.

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To date, what methods have you used to recruit for these positions?

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If known, please indicate in table below the details on the position(s) you are planning to fill. We understand that this information may be approximate.

Job Title	NOC	Number of Positions
Location of Employment*	Salary**	Approximate Start Date
Job Title	NOC	Number of Positions
Location of Employment*	Salary**	Approximate Start Date
Job Title	NOC	Number of Positions
Location of Employment*	Salary**	Approximate Start Date

\*where it differs from company address

\*\*salary must comply with the range of wages for the occupation

## USE OF A REPRESENTATIVE

If designated, employers must be diligent if using the services of an immigration representative, third-party recruiter, or recruitment/placement agency to hire employees. Employers must follow fair recruitment practices, be cautious in their hiring practices and respect applicable laws regarding the use of representatives and recruiters, where they exist.

If you used the services of an immigration representative, paid or unpaid, complete the following:

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Company name

Representative

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Mailing address, including postal code

(\_\_\_\_)

Telephone

Email

Website

If you used the services of recruitment agency, paid or unpaid, complete the following:

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Recruitment Agency

Representative

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Mailing address, including postal code

(\_\_\_\_)

Telephone

Email

Website

## COMMITMENT TO SETTLEMENT SUPPORTS

A distinguishing feature of the Atlantic Immigration Pilot is the increased role of the employer in the settlement and retention of newcomer employees and their family, in coordination with a federally- or provincially-funded immigrant settlement service provider organization(s). As such, employers are required to commit to the three settlement-related obligations outlined below:

- 1. Collaboration with an immigrant settlement service provider:** Please provide the name and contact information of the immigrant service provider which you have contacted in your community or region. See list of federal- and provincial-government funded organizations attached.
- 2. Commitment to support newcomers' access to settlement services:** Designated employers are expected to support employees and their families to access a settlement services to address the needs identified in the pre-endorsement needs assessment. This will include access to settlement services in the official language of the employee's choice (where available). In addition, employers may be required to provide resources – including financial – to meet the costs associated with the provision of settlement support services for newcomer employees and their families.
- 3. Commitment to foster a welcoming workplace:** To maximize the benefits of a diverse workforce, designated employers are expected to demonstrate that their workplace is prepared for the arrival of a newcomer employee(s). Activities leading to welcoming workplaces may include employee and management participation in culture and diversity awareness training (at the employer's own cost) as well as mentoring programs that match newcomer employees with existing employees.

Indicate the name and contact information of the Settlement Service Provider you contacted. If the preferred service provider in your community/region is not on the [attached list](#), please provide details and explanation.

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Provide an overview of the information shared with you as well as your plan to support newcomers and foster a welcoming workplace.

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### EMPLOYER DECLARATION

As the employer, I am prepared to:

*\*please initial on line beside each statement\**

- \_\_\_\_\_ • Identify and hire qualified foreign nationals.
- \_\_\_\_\_ • Apply for an endorsement from the Government of Newfoundland and Labrador for any foreign national I am prepared to hire under the Atlantic Immigration Pilot, and accept the terms and conditions of the endorsement application.
- \_\_\_\_\_ • Provide a full-time non-seasonal genuine offer of employment to employees brought in to Atlantic Canada through this program.
- \_\_\_\_\_ • Cover the costs associated with a temporary work permit holder's return to their country of origin, where that individual would have applied for the Intermediate Skilled (NOC C) class and where this designation has been revoked and the Government of Newfoundland and Labrador is unable to find an alternate employment.
- \_\_\_\_\_ • Report on the number of foreign nationals recruited under the Atlantic Immigration Pilot, their employment status, details on their position/wage/hours, and the settlement supports provided to them for up to three years after you hired them, or the duration of their employment if less than three years.
- \_\_\_\_\_ • Comply with the IRPA, IRPR, the Province's labour standards and Occupational Health and Safety legislation as well as applicable Federal labour legislation for federally regulated companies.
- \_\_\_\_\_ • Fulfil my obligations to partner with an immigrant settlement service provider organization, ensure that the workplace is welcoming to newcomers, including providing workplace cultural sensitivity and awareness training if an immigrant settlement service provider organization has deemed it appropriate or necessary, and provide support and pay for settlement services for newcomer employees and their family members as stated in the commitment to settlement supports section above.
- \_\_\_\_\_ • Provide further information as requested by the Government of Newfoundland and Labrador.
- \_\_\_\_\_ • I understand that any violation of IRPA or IRPR will result in my employer designation being revoked.
- \_\_\_\_\_ • I understand that any non-compliance with any federal or provincial legislation, or with the terms and conditions of the Atlantic Immigration Pilot may result in probation, suspension or termination from the Atlantic Immigration Pilot.

- I agree to immediately notify the Government of Newfoundland and Labrador of any complaint, investigation or decision under IRPA, applicable labour codes, employment or health and safety standards or non-compliance with the terms of the Atlantic Immigration Program.
- I agree to immediately notify the Government of Newfoundland and Labrador, in writing, if there are any changes in the ownership structure of the company, if the company is sold or if it closes, permanently or temporarily and if any changes occur with the position offered.
- I agree to immediately notify the Government of Newfoundland and Labrador, in writing if the candidate quits, is terminated or is laid off from their position.
- I declare that I will meet the above commitments outlined in this employer declaration, and that the information given in this form is truthful, complete and correct.

Yes / No \*

\*Failure to agree to the above terms of this Declaration will make you ineligible for the Atlantic Immigration Pilot.

By signing, I authorize the Government of Newfoundland and Labrador to collect, use, retain, disclose, and destroy personal and business information for the Atlantic Immigration Pilot. If I have any questions about the collection, use, retention, disclosure, or destruction of personal and business information, I may contact the Government of Newfoundland and Labrador. In addition, I authorize the Government of Newfoundland and Labrador to research, monitor, and evaluate the Program under the authority of the Newfoundland and Labrador *Access to Information and Protection of Privacy Act, 2015*, the Immigration and Refugee Protection Act, and Regulations, and other relevant Government of Canada legislation.

I authorize immigration officials within the Government of Newfoundland and Labrador to disclose personal and business information to the Government of Canada and to collect personal and business information from the Government of Canada as necessary for the purpose of assessing, verifying information, monitoring and evaluating the Atlantic Immigration Pilot or in the event of a suspected non-compliance with any provincial or federal law.

I authorize immigration officials with the Government of Newfoundland and Labrador to disclose personal and business information to other Canadian provincial and territorial immigration officials, and to collect personal and business information from other Canadian provincial and territorial immigration officials, as necessary, for the purpose of assessing, verifying information, or in the event of any suspected non-compliance with provincial or federal law.

I understand that the Government of Newfoundland and Labrador may contact any person to verify information provided by me in this form.

I consent to the Government of Newfoundland and Labrador collecting, using, disclosing or destroying any personal, business and other information required as part of my company's involvement in the Atlantic Immigration Pilot for the purpose of evaluating the program and our participation in it.

I authorize the Government of Newfoundland and Labrador to locate and contact me and my company for the purposes of administering and evaluating the program and our participation in it, to verify information provided to the Government of Newfoundland and Labrador and to ensure compliance with commitments made to the Government of Newfoundland and Labrador in this application or otherwise.

I consent to the Government of Newfoundland and Labrador collecting, using, disclosing or destroying any personal, business and other information it obtains from me or from any federal, provincial, municipal or other local authority or any other person, department, agency or organization holding such information.

**Collection, Use and Disclosure:** Personal information provided with this form is collected under authority of the Newfoundland and Labrador *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015), and will only be used and/or disclosed in accordance with ATIPPA, 2015.

**Access to Information and Protection of Privacy Act, 2015:** Under ATIPPA, 2015 personal information is protected in accordance with section 64.(1); you have the right to access your personal information protected in accordance with section 8.(1); and you have the right to request the correction of your personal information protected in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Advanced Education, Skills and Labour.

If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator of the Department of Advanced Education, Skills and Labour. A listing of all departmental coordinators and their contact information can be found at: [www.atipp.gov.nl.ca/info/coordinators.html](http://www.atipp.gov.nl.ca/info/coordinators.html).

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Name of Authorized Signing Officer

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Signature of authorized signing officer

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Title

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Date (dd/mm/yyyy)

### SUBMITTING THIS APPLICATION

Please submit the completed form to:

**Postal Box Address (Mail)**

Atlantic Immigration Pilot  
Advanced Education, Skills and Labour  
Office of Immigration and Multiculturalism  
Confederation Building, West Block  
P.O. Box 8700, St. John's, NL A1B 4J6

**Civic Address (In person)**

Atlantic Immigration Pilot  
Advanced Education, Skills and Labour  
Office of Immigration and Multiculturalism  
Confederation Building, West Block  
P.O. Box 8700, St. John's, NL A1B 4J6

### QUESTIONS

If you have questions, please contact the Newfoundland and Labrador Office of Immigration and Multiculturalism by email ([immigration@gov.nl.ca](mailto:immigration@gov.nl.ca)) or by phone at 1 (709) 729-6607.