

# Employer Designation Application Atlantic Immigration Pilot Project



The Atlantic Immigration Pilot is a three-year employer-driven immigration program aimed at addressing skill gaps and labour market needs in the four Atlantic Provinces.

The **Expression of Interest (EOI) Form** completion is the first step for a New Brunswick employer interested in participating in the program. If you are facing labour market shortages and are unable to fill full-time permanent positions, submit an EOI to hire foreign nationals. Please complete the form and email it to: AIPP-PPIA@gnb.ca. Be sure to include “Expression of Interest to Hire Foreign Workers” in the subject line.

The **Employer Designation Application Form** completion is the next step before you can apply for endorsement of a foreign national under 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. Information provided in this form will be validated by a provincial immigration officer before endorsement is granted and prior to any endorsements being offered to your company. A provincial immigration officer will contact you annually to update the information in your designation and confirm its continued validity.

Employers must submit documentation for financials for the two years prior to applying for designation, including:

- Corporate taxation: balance sheet and income statement; and
- Government remittance

- Canada Pension Plan (CPP) contributions;
- Employment insurance (EI) premiums; and
- Federal, provincial, or territorial income tax.

**Please note:** The AIPP will destroy all financial documentation submitted by the applicant once a decision has been made on the designation application.

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;
- 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 foreign nationals and accompanying family members, and has agreed to do so; and
- the employer understands and agrees to the reporting requirements of 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 refer to the Guidelines for Designation and Endorsement for further information upon completing this form.

## EMPLOYER DETAILS

Company Name

Name of the authorized signing officer

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

Mailing Address, including postal code

Business Location, if different from the mailing address

(\_\_\_\_)

Telephone number

E-mail Address

Corporate Website

Revenue Canada Taxation Number

Corporate Registration number [e.g., New Brunswick Corporate Affairs Registry Reference Number]

Worksafe NB Employer Number

Have there been any complaints, investigations or decisions against your company? These could include, but are not limited to, decisions under: provincial labour standards, federal labour standards, occupational health and safety, human rights, the Immigration and Refugee Protection Act (IRPA), or Immigration and Refugee Protection Regulations (IRPR).

Yes  No

Should you answer yes, you will be contacted by an agent from our office. Employers must 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 was established: \_\_\_\_\_

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

Total number of employees: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_

Number of part-time employees: \_\_\_\_\_

Number of temporary foreign workers (not permanent residents or Canadians): \_\_\_\_\_

Describe your company's purpose and activities:

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## LABOUR NEEDS

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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Do you know approximately how many employees you will be, or plan to be hiring, through the Immigration Pilot?

Yes  No

If you answered yes, please provide the number of planned or expected new hires for each the following three years:

2017	2018	2019

If known, please indicate in table next page the requested information for each planned new hire. We understand that this information may be approximate at this point. Please add another sheet of paper to input information if needed.

**New Hire Table:**

Job Title	National Occupational Code (NOC)	No. of Positions
Employment Location (if different from co. address provided)	Salary	Start Date
Job Title	NOC	No. of Positions
Employment Location	Salary	Start Date

**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). Employers are notably required to commit to the three settlement-related obligations outlined below:

**1. Collaboration with an immigrant settlement service provider organization:** Have you contacted an immigrant settlement service provider in your region?

Yes  No

Name of immigrant settlement service provider:

\_\_\_\_\_

Contact Name and contact information:

\_\_\_\_\_

See list of federal and provincial government-funded immigrant settlement service provider(s) attached; if the preferred service provider in your community/region is not on the list, provide details and an explanation.

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 2. Commitment to support newcomers’ access to settlement services:** Designated employers are expected to support employees and their families to access settlement services to address the needs identified in the pre-endorsement assessment. This will include access to settlement services in the official language of the employee’s choice, where services are available in that language. In addition, employers may be required to provide resources – including financial – to meet 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.

## EMPLOYER DECLARATION

As the employer, I am prepared to:

- Identify and hire qualified foreign nationals.
- Apply for an endorsement from New Brunswick 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 applied for the Intermediate Skilled Class (NOC C) as well as where this designation has been revoked and New Brunswick 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 I hired them or the duration of their employment, whichever is less.
- Comply with the IRPA, IRPR, the Province's labour standards Occupational Health and Safety legislation as well as applicable Federal labour legislation for federally regulated companies, etc.
- Fulfill 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. In addition to 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 Population Growth Division (PGD).

I understand that any violation of IRPA or IRPR will result in my employer designation being revoked.

I understand that any non-compliance with provincial legislation related to employment standards, occupational health and safety, federal legislation related to employment standards or occupational health and safety 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 Population Growth Division 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 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 New Brunswick, 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 New Brunswick. In addition, I authorize the New Brunswick to research, monitor, and evaluate the Program under the authority of the Right to Information and Protection of Privacy Act, the Immigration and Refugee Protection Act, and Regulations and other relevant Government of Canada legislation.

I authorize immigration officials within the Government of New Brunswick 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 New Brunswick 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 New Brunswick may contact any person to verify information provided by me in this form.

I consent to the Government of New Brunswick 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 New Brunswick 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 New Brunswick and to ensure compliance with commitments made to New Brunswick in this application or otherwise.

I consent to the Government of New Brunswick collecting, using, disclosing or destroying any personal, business and other information from any federal, provincial, municipal

or other local authority or any other person, department, agency or organization holding such information.

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Signature of Authorized Signing Officer of the Company (listed in the Employer Details section)

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Title

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Date (dd/mm/yyyy)

## **APPLICATION SUBMISSION**

Submit the completed form to the address below:

Department of Post- Secondary education, Training and Labour  
Population Growth Division  
5th floor  
PO Box 6000  
Fredericton, New Brunswick  
E3B 5H1

## **QUESTIONS**

Please contact the New Brunswick Population Growth Division at [AIPP-PPIA@gnb.ca](mailto:AIPP-PPIA@gnb.ca) or 1 855 444-6554.