

# Endorsement Application

## ATLANTIC IMMIGRATION PILOT

Employers must receive provincial designation to participate in the Atlantic Immigration Pilot. Once designated, employers must complete this application for endorsement, to be submitted to the Province, for each Principal Applicant under the Atlantic Immigration Pilot.

To be considered a complete application for endorsement under the Atlantic Immigration Pilot, the following documents must accompany this application:

- Completed [Offer of Employment to a Foreign National form](#), which includes the signatures of the signing officer for your business and the Foreign National;
- Detailed job description and supporting documents;
- Copies of advertisements and/or other evidence of recruitment for the position;
- A completed needs assessment(s), including the resulting individualized settlement plan(s), completed by a designated immigrant settlement service provider organization for each Principal Applicant and each accompanying family member(s);
- Employment contract;
- Job postings for at least one month; and,
- If Principal Applicant is in Canada, provide proof of status (work permit, study permit, visitor visa, etc.).

**NOTE:** Please check the appropriate box to indicate whether the individual you have hired has completed or is in process of completing the following requirements for permanent residency.

**Having these items completed or already in process at the endorsement stage will reduce delays for permanent residence processing by ensuring that the Principal Applicant can obtain all required documentation within the 6-month endorsement validity period.**

**Language:**

- Completed and passed a language exam (IELTS or CELPIP for English, TEF for French):  Yes  No
- Registered for a language exam (IELTS or CELPIP for English, TEF for French):  Yes  No

**Education:**

- Completed a post-secondary credential from a [recognized Canadian institution](#):  Yes  No

**If no,**

- Completed an [educational credential assessment](#) (ECA):  Yes  No
- Submitted documents for an educational credential assessment (ECA):  Yes  No

**Work Experience:**

- Provided a reference letter(s) from previous employer(s) showing that the candidate meets the work experience criteria for the relevant NOC :  Yes  No

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

**1. Application Program**

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Indicate which application program the Principal Applicant will be applying under:

- Atlantic International Graduate Program (AIGP)
- Atlantic High-Skilled Program (AHSP)
- Atlantic Intermediate-Skilled Program (AISP)

Provide a breakdown of the candidate's previous work experience including dates worked, position title, associated NOC code, employer and location. This work experience should be in the primary occupation that qualifies the candidate for the selected AIP stream.

	<u>Duration (MM/YYYY)</u>	<u>Work Experience</u>	<u>Location</u>
<b>1.</b>	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
<b>2.</b>	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
<b>3.</b>	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
<b>4.</b>	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>
<b>5.</b>	<u>From:</u> <u>To:</u>	<u>Position/NOC:</u> <u>Employer:</u>	<u>City:</u> <u>Country:</u>

\*Completion of this table is optional for AIGP candidates.

## 2. Position Description

Attach a detailed position description, including roles and responsibilities, a copy of the contract and all supporting documents for the position. Ensure that your job advertisement correlates to the job description and that it clearly lists all requirements of the position contained in the job advertisement.

If the work experience is in a different NOC than the job offer, please explain below why you believe this work experience is related to the job offer.

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Position description and contract attached:  Yes  No

Expected start date of employment (dd/mm/yyyy)	Expected end date/duration of employment <i>*please specify if it is a permanent position (i.e. no end date)</i>

Business mailing address, including postal code

Physical work location, including postal code

### 3. Recruitment Activities

*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.*

How did you learn about the Applicant? Check the appropriate box. You may check more than one box.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Listing on Provincial job site | <input type="checkbox"/> Immigration Representative | <input type="checkbox"/> Employment recruiter  |
| <input type="checkbox"/> Contacted by a family member   | <input type="checkbox"/> Educational institution    | <input type="checkbox"/> Professional links    |
| <input type="checkbox"/> Other employees                | <input type="checkbox"/> Lawyer                     | <input type="checkbox"/> Other (specify below) |

Other: \_\_\_\_\_

Is this a new position?  Yes, explain the reason  No, explain why it could not be filled with local talent

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What activities have you undertaken to recruit for your position(s) over the past 12 months?

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Indicate where and the dates that this position was advertised (add additional lines if required).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*Attach copies of published advertisements or other evidence of advertisement.**

Where was the position advertised?       Locally       Nationally

For how long was it advertised? \_\_\_\_\_

**If you used the services of an immigration representative, complete the following:**

**NOTE:** You are required to declare any assistance received, paid or unpaid.

\_\_\_\_\_  
 Company name Representative

\_\_\_\_\_  
 Mailing address, including postal code

(\_\_\_\_\_) \_\_\_\_\_  
 Telephone Email Website

**If you used the services of a recruitment agency, complete the following:**

**NOTE:** You are required to declare any assistance received, paid or unpaid.

\_\_\_\_\_  
 Company name Representative

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Mailing address, including postal code

(\_\_\_\_)

Telephone

Email

Website

Is the Principal Applicant your relative?

Yes

No

Is the Principal Applicant a director, shareholder or investor in your business?

Yes

No

If yes, please explain the relationship and indicate the reason this person was hired for the job over other candidates.

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*\*Please note that this program is not designed for self-employed applicants. If you are a self-employed individual you may wish to consider other immigration pathways.*

## 4. Principal Applicant Information

Name of Principal Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital status: \_\_\_\_\_

Accompanying family member(s), relationship to Principal Applicant, and age(s):

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## 5. Settlement and Integration

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- A. Employers must ensure each Principal Applicant and their accompanying family member(s) receives a comprehensive pre-endorsement needs assessment that includes customized information and service referrals.

**\*Please attach pre-endorsement needs assessment(s) and individualized settlement plan(s) to this application.**

The pre-endorsement needs assessment is to be completed by a federally or provincially-funded immigrant settlement service provider organization (from the [list attached](#)) and must thoroughly assess and make appropriate referrals, where applicable, for the following types of settlement needs:

- Information and Orientation to Life in Canada
- Housing
- Education
- Health Care
- Financial Services
- Language – Evaluation and Learning to CLB 5 or equivalent
- Employment Counselling and Career Development Support
- Connection to Community Services and Recreation
- Connection to Ethno-cultural and/or Faith-based Associations
- Support Services to access Settlement Supports: Childcare; Interpretation and Translation; Transportation; Crisis Counselling; Provision for Disabilities

**Reminder:** Designated employers are expected to support employees and their families to access settlement services to address the needs identified in the pre-endorsement needs assessment. See sections B – E below for details.

NOTE: In certain cases, the pre-endorsement needs assessment may determine that the Principal Applicant and his/her spouse and dependents, may not be in need of any of the above referrals; where such a determination has been made through the pre-endorsement needs assessment, employers may not be responsible for the above referrals. In particular, this could be the case for foreign nationals who have already been working and living in the province, and have already become sufficiently established to not require any of the above.

Information deemed sensitive by either the immigrant settlement service provider organization or the Principal Applicant will be removed from the version of the pre-endorsement needs assessment provided to third-party organizations (i.e., employers, provincial/federal government).

- B. Employers, where applicable, must commit to supporting each Principal Applicant's and their accompanying family member(s)' access to the services identified in their respective individualized settlement plans. Where necessary, the employer's obligation will include providing or paying for services that are not otherwise available to the Principal Applicant and their family member(s).

NOTE: Individual settlement plans may be adjusted based on additional dialogue between an immigrant settlement service provider organization and the Principal Applicant following a possible post-arrival needs assessment.

**In addition to the above, employers are expected to provide the following settlement supports, as necessary:**

- C. Language: Employers will promote and encourage access to official language assessment and training for the Principal Applicant and their accompanying family member(s).

In addition, for every Principal Applicant whose first language is neither English nor French *and* whose first official language ability is lower than the Canadian Language Benchmark (CLB) 5 or equivalent in any of the four skills (i.e., listening,

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speaking, reading and writing), employers must help ensure that, starting within the first three months after landing in Canada under the Pilot, language training support is made available to the newcomer employee. The minimum number of hours of language training support required is 300 or until the newcomer employee can demonstrate that s/he has obtained CLB 5 across the four competencies (i.e., listening, speaking, reading and writing), whichever comes first. The employer may be required to provide release time for, facilitate access to, and/or provide or pay for any of the following, as indicated by the settlement plan:

- Language assessment
- Language training classes on or off the worksite
- Federally or provincially-funded language training, such as Immigration, Refugees and Citizenship Canada's (IRCC) Language Instruction for Newcomers to Canada (LINC) / Cours de langue pour les immigrants au Canada (CLIC)
- Online/distance ESL or FSL training
- Other services or programs as indicated by the settlement plan

- D. Housing: Employers will ensure that the Principal Applicant and their accompanying family member(s) find suitable housing.
- E. Transportation: Employers will provide transportation assistance to the Principal Applicant and their accompanying family member(s) to support their transition into their new community and help them access settlement services. The employer may be required to pay for transportation services.

## 6. Temporary Work Permit (if applicable)

As of May 1, 2019 - IRCC requires applicants for AIP LMIA Exempt Work Permits (exemption code C18) to provide proof of language, proof of education and proof of work experience. Please attach copies of the candidate's language tests and education credential assessment to this application. Please ensure you have fully documented the candidate's qualifying work experience.

Is the applicant required urgently and do you therefore require that the province issue a Letter of Support for a temporary work permit?

- Yes  No

If a Letter of Support for a temporary work permit is issued the Principal Applicant is expected to apply for permanent residency within 90 days of applying for the work permit.

## 7. Employer Declaration

On behalf of \_\_\_\_\_ (the "employer"):  
(Employer name)

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

- \_\_\_\_\_ I declare that the employer has a history of good workplace and business practices, and is in current compliance with all applicable laws and regulations, including, but not limited to federal and provincial labour standards legislation, workers compensation legislation, the *Immigration and Refugee Protection Act* and Regulations, human rights legislation, occupational health and safety legislation, trade union legislation and, where applicable, food safety legislation.
- \_\_\_\_\_ I declare that the employer has screened the applicant to the best of its ability and believes he/she is able to fulfill the requirements of the position.
- \_\_\_\_\_ I declare that the employment of the Principal Applicant, as described in this application, will not conflict with any bargaining agreements to which the employer is a party, and will not affect the settlement of any labour dispute or the employment of a person involved in such a dispute.
- \_\_\_\_\_ I declare that the employment of the Principal Applicant, as described in this application, will not adversely affect employment or training opportunities for Canadian citizens or permanent residents in New Brunswick.
- \_\_\_\_\_ I declare that the attached job offer and signed contract are bona fide.
- \_\_\_\_\_ I confirm that I have provided confirmation of employment and other relevant documents to demonstrate the employer's financial ability to honour this employment offer.
- \_\_\_\_\_ I declare that I have not accepted or exchanged money with any employee, applicant, recruiter or agent in exchange for making a false application to New Brunswick in support for Permanent Residency.
- \_\_\_\_\_ I declare that the employer will meet the commitments to settlement outlined in this application form and accompanying documents. Without limiting the generality of the employer's obligations, the employer will facilitate access to, provide, and/or pay for settlement supports and services for the Principal Applicant and accompanying family member(s), as indicated in the settlement plan(s), which accompany this form. I acknowledge that in addition, some settlement supports or services indicated as necessary in the plan may not be available, in which case the employer will provide or pay for the provision of such supports or services.
- \_\_\_\_\_ I acknowledge that where the Principal Applicant has applied to the Atlantic Intermediate Skilled (NOC C) class and the application for permanent residency has been refused by the Government of Canada, the employer will bear sole responsibility for costs to return the Principal Applicant to his or her country of origin.
- \_\_\_\_\_ I acknowledge that if this application is approved, it is the employer's obligation to provide employment to the Principal Applicant, to facilitate and provide settlement supports to the Principal Applicant and his or her family member(s) as required by the attached settlement plan, to regularly provide information to the Government of New Brunswick, and related matters.
- \_\_\_\_\_ I authorize the Government of New Brunswick to collect, use, retain, disclose, and destroy personal and business information for the purposes of assessing this application and administering the Atlantic Immigration Pilot, including research, monitoring and evaluation of the program and the employer's participation in it, and the detection of fraud, criminality, threats to public safety, and other non-compliance with federal or provincial law. This includes disclosure to, collection, retention use and destruction by third parties of personal and business information as authorized by the



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Government of New Brunswick for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal and business information, I may contact the Government of New Brunswick.

\_\_\_\_\_ I authorize the Government of New Brunswick to research, monitor, and evaluate the Atlantic Immigration Pilot under the authority of the [New Brunswick 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 with the Government of New Brunswick to disclose information provided in the Employer Designation Application and the Endorsement Application to the Government of Canada, and to collect additional 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 any suspected non-compliance with any provincial or federal law.

\_\_\_\_\_ I authorize immigration officials with the Government of New Brunswick to disclose information provided in the Employer Designation Application and the Endorsement Application to other Canadian provincial and territorial immigration officials, and to collect additional 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 any provincial or federal law.

\_\_\_\_\_ I authorize the Government of New Brunswick to contact any person and disclose personal and business information to verify information provided by the employer in this form, the accompanying documents, and in any other aspect of the employer's participation in the Atlantic Immigration Pilot.

\_\_\_\_\_ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about the employer may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency or organization.

\_\_\_\_\_ I declare that the information given in this form and the accompanying documents is true, complete and correct. I agree to immediately inform New Brunswick in writing of any change in any information given in this form or the accompanying documents.

\_\_\_\_\_ I understand that any false statement or concealment of information may result in, among other things, denial of this application and de-designation of the employer from the Atlantic Immigration Pilot.

\_\_\_\_\_ I understand all of these statements and have asked for and received an explanation for any point that was not clear to me.

\_\_\_\_\_  
Name of Authorized Signing Officer (printed)

\_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (dd/mm/yyyy)

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### 8. Employee Declaration

I, \_\_\_\_\_,  
(Employee name)

understand everything written in this application. I have asked for and received an explanation for any point that was not clear to me.

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

\_\_\_\_\_ I authorize the Government of New Brunswick to collect, use, retain, disclose, and destroy personal information about me and my family for the purposes of assessing this application and administering the Atlantic Immigration Pilot, including research, monitoring and evaluation of the program and the employer's and my participation in it. This includes disclosure to, collection, retention use and destruction by third parties of personal information as authorized by the Government of New Brunswick for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal information, I may contact the New Brunswick.

\_\_\_\_\_ I authorize the Government of New Brunswick to research, monitor, and evaluate the Atlantic Immigration Pilot under the authority of the New Brunswick 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 with the Government of New Brunswick to disclose personal information to the Government of Canada, and to collect personal 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 any suspected non-compliance with any provincial or federal law.

\_\_\_\_\_ I authorize immigration officials with the Government of New Brunswick to disclose personal information to other Canadian provincial and territorial immigration officials, and to collect personal 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 any provincial or federal law.

\_\_\_\_\_ I authorize the Government of New Brunswick to contact any person and disclose personal information to verify information provided in this form, the accompanying documents, and in any other aspect of the employer's or my participation in the Atlantic Immigration Pilot.

\_\_\_\_\_ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about me, my family, and the employer may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency or organization.

\_\_\_\_\_ I declare that to my knowledge the information about me and my family included in this form and the accompanying documents, including in Section 4 of this form, is truthful, complete and correct.

\_\_\_\_\_ I will advise New Brunswick of my residential address, phone number and email address within thirty days of arriving in Canada. I will inform New Brunswick when I change my address, phone number or email address at any time within three years of arriving in Canada.

\_\_\_\_\_ I will immediately notify New Brunswick if I change my job duties, quit or am terminated from my position with the designated employer.

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\_\_\_\_\_ I acknowledge that I have read, understand and agree to this declaration.

\_\_\_\_\_  
Name of Employee (printed)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (dd/mm/yyyy)

## 9. Submitting the application

Ensure you have included [all required documents](#)

1. This endorsement application form completed in full, signed and dated by both parties.
2. Job offer form signed and dated by both parties. Ensure all sections are completed in full. If a section does not apply, then write N/A.
3. Detailed job description.
4. Proof of recruitment efforts. Copies of the 3 job ads, identifying posting date and duration, with a summary of the responses and results.
5. Evidence of the foreign national's previous work experience (resume)
6. The Principal Applicant (including any accompanying family members) Settlement Plan, signed by the employer and the foreign national (employee).
7. If the foreign national is already in Canada, copy of their legal status in the country (work permit, visitor permit or study permit).

Please submit the completed application form via the INB Portal.

## 10. Questions

Please contact the New Brunswick via email at [AIPP-PPIA@gnb.ca](mailto:AIPP-PPIA@gnb.ca) if you have any questions.