

LABOUR MARKET IMPACT ASSESSMENT APPLICATION HIGH-WAGE POSITIONS

Employers should visit the Temporary Foreign Worker (TFW) Program website, to verify that the Program is accepting applications for the specific occupation or sector for which they wish to hire the temporary foreign worker (TFW) and to determine if they are eligible to participate in the Program.

Privacy Notice Statement

The personal information that you provide is collected by Employment and Social Development Canada (ESDC) under the authority of the Immigration and Refugee Protection Act (IRPA) and the Immigration and Refugee Protection Regulations (IRPR), for the purpose of administering and enforcing the Temporary Foreign Worker (TFW) Program.

The information that you provide may be shared with: Immigration, Refugees and Citizenship Canada and the Canada Border Services Agency for the administration and enforcement of the TFW Program and IRPA/IRPR; the Canada Revenue Agency for the administration and enforcement of the TFW Program; and, provincial/territorial governments for the administration and enforcement of provincial/territorial legislation and programs. The information may also be used by ESDC for research and evaluation purposes and to support the administration or enforcement of other programs in ESDC, including Service Canada and the Labour Program.

This information may also be shared with any Party identified by the employer on the LMIA application form or in the employment agreement.

Your personal information is administered in accordance with the IRPA, IRPR, the Privacy Act, the Department of Employment and Social Development Act (DESDA) and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks: TFWP ESDC PPU 440 and TFW Program Employer Compliance Reviews and Inspections ESDC PPU 715. Instructions for obtaining this information are outlined on the Treasury Board of Canada Secretariat

This website may also be accessed on-line at any Service Canada Centre. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information on the Office of the Privacy Commissioner of Canada website.

A person, who contravenes a provision set out under sections 126 or 127 of the Immigration and Refugee Protection Act (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years.

| SECTION 1: BUSINESS INFORMATION | 1 | | | | |
|---|-------------------------|--|--------------------------------|--|--|
| Canada Revenue Agency Business Number (First 9 digits are mandatory for Canadian Business) | | 2. Business Legal Name (as registered with CRA): | | | |
| Business Address (as registered with CRA) Line 1: |): | 4. City: | 5. Province/Territory/State: | | |
| Line 2: | | 6. Country: | 7. Postal/Zip Code: | | |
| Mailing Address (if different from business Line 1: | address): | 9. City: | 10. Province/Territory/State: | | |
| Line 2: | | 11. Country: | 12. Postal/Zip Code: | | |
| 13. Website Address: | | 14. Date business started (YYYY-MM-DD): | | | |
| 15. Organization type and structure (select all | that apply): | 1 | | | |
| Business: Sole proprietor Part | tnership Corporation | Co-operative Other: Non- | profit Registered Charity | | |
| SECTION 2: EMPLOYER CONTACT INFORMATION | | | | | |
| PRINCIPAL EMPLOYER CONTACT INF | ORMATION (This person n | nust be the employer or be an emp | oloyee of the employer) | | |
| 1. First Name: Midd | le Name: | Last Name: | 2. Job Title: | | |
| 3. Telephone Number: | Ext: 4. Other Telephon | e Number: Ext: | 5. Fax Number: | | |
| 6. Email Address: | <u>'</u> | 7. Email Preference: | 8. Language of Correspondence: | | |
| | | Do not contact via email | English French | | |
| 9. Mailing Address: Line 1: | | 10. City: | 11. Province/Territory/State: | | |
| Line 2: | | 12. Country: | 13. Postal/Zip Code: | | |



| ALTERNATE EMPLOYER CONTACT INFORMA | TION (This person n | nust be the employer or be an emp | oloyee of the employer) |
|--|--|---|--|
| 14. First Name: Middle Name: | | Last Name: | 15. Job Title: |
| 16. Telephone Number: Ext: | 17. Other Telephon | e Number: Ext: | 18. Fax Number: |
| 19. Email Address: | | 20. Email Preference: Do not contact via email | 21. Language of Correspondence: English French |
| 22. Mailing Address: | | 23. City: | 24. Province/Territory/State: |
| Line 2: | | 25. Country: | 26. Postal/Zip Code: |
| SECTION 3: THIRD-PARTY INFORMATION | | | |
| Is the employer appointing a third-party to represent the (LMIA) application? Note: The employer is responsible for the employer application? If yes, continue completing Section 3 | or all decisions made on : Third-party Information | their behalf by the third-party, for the pu | |
| 2. Canada Revenue Agency Business Number (first 9 di | gits are mandatory for C | anadian businesses): | |
| 3. Business Legal Name (as registered with CRA): | | 4. Business Operating Name (if differen | t from Legal Name): |
| 5. Business Address: | | 6. City: | 7. Province/Territory/State: |
| Line 2: | | 8. Country: | 9. Postal/Zip Code: |
| THIRD-PARTY CONTACT INFORMATION (Auth | orized representativ | e acting on behalf of the employe | r) |
| 10. First Name: Middle Name: | | Last Name: | 11. Job Title: |
| 12. Telephone Number: Ext: | 13. Other Telephon | e Number: Ext: | 14. Fax Number: |
| 15. Email Address: | | 16. Email Preference: Do not contact via email | 17. Language of Correspondence: English French |
| 18. Mailing Address Line 1: | | 19. City: | 20. Province/Territory/State: |
| Line 2: | | 21. Country: | 22. Postal/Zip Code: |
| 23. Is the third-party being paid by the employer to repre | sent them for the purpos | se of obtaining this Labour Market Impact | : Assessment (LMIA)? |
| Yes If yes, then which applies to the third-par | ty? | No If no, then which app | lies to the third-party? |
| a member of the Immigration Consultants of Canada Regulatory Council (ICCRC) | Membership ID: | a family member or friend | |
| a member of the law society of the following province/territory: | Membership ID: | a member of a non-government | al or a religious organization |
| a member of the Chambre des notaires du Québec | Membership ID: | a member in good standing of the territorial law society, or the Chadoing pro bono work other (please describe): | |
| other (please describe): | | | |

| SECTION 4: LABOUR MARKET IMPACTS | | | | |
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| How many employees are employed in CRA business number? | nationally under the employer's 9 digit | 2. Did the business report more than \$5 million (CAD) in annual gross revenue to CRA during its last tax year? No Yes | | |
| 3. Will hiring a TFW result in direct job creation or job retention of Canadians/ permanent residents? | 4. If yes, provide details: | | | |
| No Yes | | | | |
| 5. Will hiring a TFW result in the development or transfer of skills and knowledge for the benefit of Canadians/permanent residents? | 6. If yes, provide details: | | | |
| No Yes | | | | |
| 7. Will hiring a TFW fill a labour shortage? | 8. If yes, provide details: | | | |
| No Yes | | | | |
| | the Canadian labour market that will result | Trom offering this job to a TPW: | | |
| 10. Were any employees laid off in the past 12 months? | 11. If yes, how many Canadians/permane | | | |
| ☐ No ☐ Yes | What was the reason for the layoffs, and v | which occupations were affected? | | |
| 12. Will the hiring of the TFW(s) requested in this application lead to job losses, or a reduction in work hours, now or in the foreseeable future, for Canadian/permanent resident employees in the employer's workforce or to the Canadian workforce more generally as a result of lay-offs including those resulting from outsourcing, off-shoring or other factors related to utilizing a TFW? | 13. If yes, provide details on the impact of more generally: | f hiring the TFW(s) on the employer's workforce and the Canadian workforce | | |
| 14. Does the business receive support through Employment and Social Development Canada/Service Canada's Work-Sharing program? | 15. If yes, provide details: | | | |
| 16. Is there a labour dispute in progress at the job location? | 17. If yes, provide details: | | | |
| No Yes | | | | |

| SEC | TION 5: JOB OFFER | DETAILS | | | | | |
|--------|-----------------------------|----------------------------|--------------------------------|---------------------|-----------------------------|----------------------------|---------|
| 1. Ho | w many TFWs is the em | ployer applying for in thi | s occupation? | 2. What is the jo | ob title of the position be | eing offered to the TFW(s) | : |
| 3. De | scribe, in your own word | s and in as much detail | as possible, the main duties | of the position off | ered to the TFW(s): | | |
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| 4. Pro | ovide a rationale for the j | ob offer the employer is | making to the TFW(s) and de | escribe how this v | will meet the employer's | employment needs: | |
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| 5. Wh | at is the expected emplo | oyment start date (YYYY | /-MM-DD)? 6. What is the | expected employr | ment duration? | | |
| - \A/I | | · | | day(s) | week(s) | month(s) | year(s) |
| 7. vvr | y does the employer red | quire the TFVV for this du | iration? | | | | |
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| 8. Ind | icate the language requi | rement stated in the offe | er of employment: | | | | |
| | This position does not r | require the ability to com | municate in any specific lang | luage. | | | |
| | This position requires the | ne ability to communicat | e orally in: | | | | |
| | English | French | English or French | n 🗌 | English and French | | |
| | The position requires th | ne ability to communicate | e in writing in: | | | | |
| | English | French | English or French | n | English and French | | |
| | The position requires th | ne ability to communicate | e in a language other than Er | nglish or French. | | | |
| | If this option is selected | I, indicate the other lang | uage required for the position | n and provide a ra | ationale: | | |
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| 9. Minimum education requirements of the | ne job: | | | | |
|--|-------------------------------------|---------------------|-----------------------------------|--------|---|
| No formal education requ | uirement | | | | |
| Completion of some second | ondary school | College level | diploma/certificate | | Doctorate/Ph.D. |
| Completion of secondary | school | Bachelor's de | gree | | Doctor of Medicine |
| Apprenticeship, trade or diploma or certificate | vocational | Master's degr | ee | | Other minimum education requirements |
| Describe the specific diploma | /certificate, degree, Ph | .D. or other educ | ation requirements that the join | b requ | ires: |
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| 40 Minimum augustanas (altilla naguitanas | anta af tha iah (ia ah da | | | | a such as CDA DN D Franch |
| 10. Minimum experience/skills requireme | ents of the job (include | years or experier | ice and/or occupational desig | nation | s such as CPA, RN, P.Eng.): |
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| 11. Is the occupation regulated at a federal/provincial/territorial level and requires occupational certification, | 12. If yes, indicate the authority: | type of occupati | onal certification, licensing, or | regist | tration and the name of the issuing body/ |
| licensing, or registration? | | | | | |
| No Yes | | | | | |
| SECTION 6: WORK LOCATION | | | | | |
| Business Operating Name of the prim. | ary work location: | | | | |
| 2. Describe, in your own words and in as | s much detail as possib | le, the principal b | usiness activity at the primary | y work | location: |
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| Address of the primary location where Line 1: | e the TFW will work | | 4. City: | | 5. Province/Territory: |
| Line 2: | | | 6. Postal/Zip Code: | | |
| Note: If necessary, attach a separate sh | | | Le locations, include the busin | ess op | perating name, the description of the |

| SECTION 7: HOURS, PAY AND BENEFITS | | | | | |
|--|--|--------------------------|--------------|--|--|
| 1. What is the wage range for all employ | yees currently working in this same occup | ation, with the same sk | cills and ye | ears of experience, at this work location? | |
| Lowest Wage:\$ | /hr Highest Wage: | \$/hr OR | | there are no employees currently working in this occupation, with the same skills and years of experience, at this work location | |
| Note: The wage range should be from the | he last 2 pay periods that have occurred w | vithin the 6 weeks prior | to submit | ting the application. | |
| 2. How many hours will the TFW work e | each day? | 3. How many hours | will the TF | FW work each week? | |
| 4. Will the TFW have an atypical schedule without standard daily or weekly hours? | 5. If yes, provide details: | | | | |
| No Yes | | | | | |
| 6. Is the employer's job offer for a full- time position (average of at least 30 hours per week) throughout the duration of employment covered by this LMIA? | 7. If no, provide details: | | | | |
| No Yes | | | | | |
| 8. What is the regular (non-overtime) was hour being offered to the TFW? | | | d must m | Canadian dollars per hour being offered to the eet provincial/territorial requirements) Starting after hours per day AND/OR | |
| Note: Employers must provide the calculation even if the position is salaried, paid in for | | N/A | | hours per week | |
| 10. Was the wage converted from a monthly or yearly salary, or a currency other than Canadian dollars, or both? | 11. If yes, provide calculations used to o | obtain hourly \$CAD wag | ge: | | |
| No Yes | | | | | |
| 12. Will the TFW be paid any contingent wages (e.g. piecework, mileage, commissions, guaranteed bonuses, or predictable overtime)? | 13. If yes, provide details: | | | | |
| No Yes | | | | | |
| 14. Is the position part of a union? No Yes If yes, attach the section(s) of the collective bargaining agreement that list rates of pay. | | | | | |
| 15. Benefits (additional benefits offered | over and beyond the provincial/territorial | , | | | |
| Disability insurance D Other benefits (explain): | Dental insurance Employer-prov | | | nedical insurance (e.g. prescription drugs, al services, medical services and equipment) | |
| | | | | | |
| 16. Vacation (must meet minimum provi | incial/territorial requirements): | | | | |
| Days(# of bus | siness days per year) Remuneration | (% of gross | salary) | □ N/A | |

| SECTION 8: RECR | SECTION 8: RECRUITMENT | | | | | |
|---|-------------------------------|---|---|----------------------------|---------------------------------|-----------------------|
| 1. Is the position subje- | ct to a variation in minimur | m advertising requirements as liste | ed on th | ne TFW program website | e, including the Quebec | Facilitated Process? |
| Yes If ye | es, specify the variation rec | quested and provide a rationale fo | r meeti | ing its criteria: | | |
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| Ref | er to the website for qui | dance on the applicable recruitr | ment o | r advertising variation | and continue completi | na |
| | | if necessary. Variations are sub | | | and continue completi | 9 |
| No If no, p | proceed to the next question | on | | | | |
| 2. Did the employer try | to recruit Canadians/perm | nanent residents prior to submittin | a this L | MIA application for this i | ob? | |
| | | | _ | | | :to for |
| _ | | ent efforts within the 3 months price | | | Please refer to the <u>webs</u> | ite for more details. |
| No If no | o, explain why the employe | er has not attempted to recruit Ca | nadians | s/permanent residents: | | |
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| ☐ Yes If ye | es complete all the applica | able boxes and provide the require | ad infor | mation helow | | |
| | 73, complete all the applica | Toole boxes and provide the require | 20 1111011 | mation below | | |
| Method | Name of Advertising Source | Website Address (if applicab | le) | Advertisement # | Publication Date | Expiry Date |
| | Gource | | | | | |
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| Proof of recruitment me position was advertised | | MIA application (i.e. copy of adve | ertiseme | ents and information to s | upport where, when and | for how long the |
| | ons/resumes were received | d from Canadians/permanent | 4. How many Canadians/permanent resident applicants were interviewed? | | | |
| residents? | | | | | | |
| 5.11 | | " III " | 0.11 | 0 " / | | 10 |
| 5. How many Canadiai | ns/permanent residents we | ere offered the position? | 6. How many Canadians/permanent residents were hired? | | | |
| 7. How many Canadia | ns/permanent residents de | clined a job offer? | How many Canadians/permanent residents applied but were not | | | |
| , | • | • | interviewed or offered the position? | | | |
| | | | | | | |
| | | dent applicant, provide a detailed lowever, do not provide the nam | | | | |
| | n and therefore cannot wo | | | (9 | | |
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| SECTION 9 | : SEASONAI | LOCCUPATIONS | | | |
|---|--|---|---|--|--|
| 1. Is the appli | cation for a sea | asonal occupation? | | | |
| No | | | | | |
| Yes | If yes, provide | the following information: | | | |
| 2. Provide the | e specific montl | hs of the peak employment se | eason every year: | | |
| From (month) | : | To (month): | 3. What was the employ Canadian/permanent reprevious peak season? | er's total number of sident workers during the | 4. What was the employer's total number of temporary foreign workers during the previous peak season? |
| SECTION 1 | 0: TRANSITI | ON PLAN FOR HIGH-WA | GE POSITIONS | | |
| PURPOSE | : | | | | |
| The Transition the provincial workforce over This plan will | n Plan is a mar /territorial medi er the period of | an hourly wage. The plan will time covered by the duration the employer <u>re-applies for a</u> | ensure that businesses to of employment indicated | hat rely on TFWs have a find on the positive labour mark | TFW) and who are offering a wage at or above rm plan in place to transition to a Canadian ket impact assessment (LMIA) letter and annex. ne work location and will be verified if the employer |
| | Canadians/per the work locat | | currently employed in the | 2. Number of TFWs curre location: | ntly employed in the occupation at the work |
| 3. Would the | employer like t | o be considered for an exemp | tion from having to provid | le a Transition Plan? | |
| No | If no, contin | ue completing the remainder | of Section 10: Transition | n Plan for High-wage Pos | itions |
| Yes | If yes, you n | nust select at least one of the | exemption criteria below | and provide a rationale for | why it applies to the position. |
| Refe basis | | rogram website for more deta | ils on exemptions to the | Fransition Plan. Exemption | s will be considered on a case by case |
| | | positions, defined as: | | | |
| | • the job is | time-limited in nature and the | employment duration ma | y range from one day to a | maximum of two years |
| | there is no | o reasonable expectation that | you could transition the p | oosition to a Canadian or po | ermanent resident |
| | the job wi | Il not be filled after the departe | ure of the temporary forei | gn worker as the position v | vill no longer exist |
| | • in some c | ases, repeat use of the specif | ic position is the norm for | the industry, but each emp | ployment duration is limited |
| | unique skill | alle sublete balance to a second of | Confederal and an ending | and the second and the first Comments | |
| | | aits which belong to a specific ions in health care institutions | | • | digit NAICS 62) |
| _ | | | | | |
| | | y agricultural positions such a | | OC 0024 0022 0252 one | 10055), and |
| | | agers/supervisors and special arm workers, nursery and gree | | | |
| | Ü | a specialized occupation that | | , | , |
| | | cable only to the first request for | | | pact Assessment |
| | Provide a ratio | nale for why the exemption cri | iteria selected above appl | lies to the position: | |
| | | | | | |
| | | | | | |
| 4 Has a Tran | sition Plan hee | en completed for this occupation | on and location before? | | |
| □ No | | nployer must submit a Transiti | | Market Impact Assessmer | nt application |
| ☐ Yes | If ves. the e | mployer must submit a new T | ransition Plan with their L | abour Market Impact Asse | ssment application: AND |
| | | | | | previous Transition Plan; AND |
| | • | of/documentation for the cond | | | , |
| | | | · | | |
| | this occupat proposed or | tion at this location as a result | of the activities conducte | d in the previous Transition | Canadian/permanent resident workers for n plan, the recruitment and training activities stantially expanded upon, from the activities |

| 5. Describe the results of your previous transition plan activities: | | | | | |
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INSTRUCTIONS:

To begin, all employers must understand that the objective of the Transition Plan is to ensure that businesses have a firm plan in place to transition to a Canadian workforce over the period of time covered by the duration of employment indicated on the positive opinion letter and annex.

As a result the employer must conduct:

- 1. at least three distinct activities to recruit, retain and/or train Canadians/permanent residents in the occupation specified on the application; AND
- 2. **one additional distinct** activity to engage an organization serving underrepresented groups to identify potential candidates for recruitment or training (e.g. immigrant settlement offices, Indigenous, people with disabilities, youth or provincial/territorial unemployment centres);

OR

Employers could choose to do only the following:

one activity which facilitates the permanent residency of a TFW (e.g. making a permanent job offer or offering language training to the foreign worker to support the individual's permanent resident visa application). For Quebec employers, please provide a copy of the Quebec selection certificate; if not available provide the date it will be requested.

However, if they choose ONLY to support the permanent residency of a TFW, and do not proceed with it, they will be considered not to have met the requirements of their Transition Plan and as a result may be found non-compliant if they are later inspected. In addition, if an employer is applying for multiple positions for the same job at the same work location but not all of the TFWs are interested in pursuing permanent residency, the employer MUST conduct other training and/or recruitment activities that would reduce the business's reliance on foreign workers. Employers are encouraged at all times to submit Transition Plans that include a variety of activities.

Note:

If the employer cannot commit to one of these activities, you must provide a detailed rationale. If insufficient space, attach a separate signed and dated sheet.

SELECT RECRUITMENT AND TRAINING ACTIVITIES:

At this step, you can review the following list of potential activities that could be undertaken as part of the employer's Transition Plan. In addition, you are encouraged to submit other innovative strategies and activities not included in the list below. The goal of these activities is to allow the employer to transition to a Canadian workforce in a reasonable period of time.

- Increase wages offered
- Employee referral incentive program
- Offer part-time or flexible hours as an option
- Offer health insurance or other benefit
- Financial support for relocations of Canadians or permanent residents
- Hire headhunting firm to identify prospective candidates
- Partner with unions / industry associations to identify potential candidates

- Job fairs
- Apprenticeship / internship / Co-op
- Government programs
- Paid-leave for education
- On-the-job training
- Ongoing advertisement / modified advertising plan (e.g. use different sources, target different audiences)
- Other

Once you have chosen the activities, you will need to complete a separate table for each activity, including the 1 activity which targets members of an underrepresented group.

For each table, you will need to identify the specific activity, describe what will be involved, indicate the planned date (e.g. every year the local college has a job fair for students graduating in the trades and it normally takes place in January) and provide a general benchmark in terms of the number of applications that the employer is hoping to receive from that specific event or activity.

| TRANSITION PLAN ACTIVITY TABLES: | |
|--|--|
| Activity #1: | |
| Description of Proposed Activity | Expected Outcome |
| (e.g. scale of the investment to be made - in training, scholarships / bursaries, partnerships, location of activities - training, job fairs, projected increase in wages) | (e.g. provide the results the employer expects from the proposed activity, including a timeframe or timeline for the activity) |
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| Employer Comments: | |
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| Activity #2: | |
| Description of Proposed Activity | Expected Outcome |
| (e.g. scale of the investment to be made - in training, scholarships / bursaries, partnerships, location of activities - training, job fairs, projected increase in wages) | (e.g. provide the results the employer expects from the proposed activity, including a timeframe or timeline for the activity) |
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| Employer Comments: | |
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| TRANSITION PLAN ACTIVITY TABLES: | |
|--|--|
| Activity #3: | |
| Description of Proposed Activity | Expected Outcome |
| (e.g. scale of the investment to be made - in training, scholarships / bursaries, partnerships, location of activities - training, job fairs, projected increase in wages) | (e.g. provide the results the employer expects from the proposed activity, including a timeframe or timeline for the activity) |
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| Employer Comments: | |
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| Activity #4: | |
| Description of Proposed Activity | Expected Outcome |
| (e.g. scale of the investment to be made - in training, scholarships / bursaries, partnerships, location of activities - training, job fairs, projected increase in wages) | (e.g. provide the results the employer expects from the proposed activity, including a timeframe or timeline for the activity) |
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| Employer Comments: | |
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| TRANSITION PLAN ACTIVITY TABLE FOR SUPPORT OF PER | RMANENT RESIDENCY: |
|--|---|
| Activity #5: | |
| Description of Proposed Activity | Expected Outcome |
| This activity should facilitate the permanent residency of a temporary foreign worker. For Quebec employers, please provide a copy of the Quebec selection certificate; if not available provide the date it will be requested. (e.g. making a permanent job offer or offering language training to the foreign worker to support the individual's permanent resident visa application). | (e.g. provide the results the employer expects from the proposed activity, including a timeframe or timeline for the activity) |
| | |
| Employer Comments: | |
| | |
| IMPORTANT INFORMATION | |
| The Transition Plan is a requirement of applying for an LMIA and is agreed upon wishes to make any changes to the plan after the LMIA is issued, you must conta the request, the employer will be required to submit and sign a revised Transition | act Service Canada to request such a change. If Service Canada accepts |
| The submission of a revised Transition Plan will be critical particularly if you are s provisions of the IRPR, ESDC may conduct an inspection to verify the employer's (which includes the Transition Plan). As a result, the inspection could include a rea copy of the revised plan, the employer will be held accountable for the Transition | s compliance with the conditions set out in the positive letter and annexes eview of the employer's Transition Plan and if Service Canada does not have |
| As part of the inspection, or if the employer is applying for a subsequent LMIA for provide proof that they conducted the activities identified in the plan. Acceptable | · |
| Proof of advertising (e.g. Job Bank records, newspaper ads) | |
| Support letters from partnering organizations | |
| Invoices (e.g. for job fair booths, financial supports provided to TFW | /s) |
| Job advertisements demonstrating an increase in the wages offered | d |
| Documentation of participation in government-sponsored employments. | ent projects |
| Documentation demonstrating new hires, including Bridge-to-work (e.g. letters of offer payroll information) | positions such as apprenticeships/internships |

• Documentation to prove the employers' effort to support the foreign worker's application for permanent residency (IRCC or relevant immigration program)

SECTION 11: EMPLOYER RESPONSIBILITIES

Temporary Foreign Workers have the same rights as Canadians and permanent residents and are covered under the same labour legislation and regulations. The Government of Canada takes the health and safety of foreign workers very seriously and will not tolerate any form of abuse of foreign workers or of the Temporary Foreign Worker Program.

When hiring a Temporary Foreign Worker for the High-wage Stream of the Temporary Foreign Worker Program, Employers should be aware of their responsibilities which include:

- Adhering and complying with federal-provincial/territorial legislation and regulations pertaining to recruitment, employment standards and occupational health and safety.
- Making reasonable efforts to provide a workplace that is free from physical, sexual, psychological and financial abuse and must not confiscate the temporary foreign worker's identification.
- Ensuring that the temporary foreign worker(s) are performing the same occupation and duties as you had offered them and were reported by you during the application process
- Ensuring that the working conditions in the offer of employment meet generally accepted Canadian standards and remain so for the duration of the employment.
- You must provide temporary foreign workers with the same wages and benefits as those provided to Canadian and permanent
 resident employees working in the same occupation that are consistent with the prevailing wage for the occupation and region
 where the worker is employed. Wages paid during employment must remain substantially the same as the wages offered and
 not less favourable.
- Employers must always ensure that the TFWs they want to hire under the TFW Program are covered from the provincial/territorial workplace safety insurance provider, **where required by law**. In provinces/territories where the provincial/territorial legislation allows employers the flexibility to opt for a private insurance plan, employers must ensure that:
 - o any private plan chosen provides the same or better coverage than that offered by a province/territory; and,
 - o all employees on the worksite are covered by the same provider with the same benefits
- Undertaking the activities as you committed to in the Employer Transition Plan, if applicable.
- Providing the worker with a copy an employment contract which has been signed by the employer and the worker which clearly
 outlines the terms and conditions of employment.
- Not recovering costs of hiring the temporary foreign worker(s) such as the LMIA fee, recruitment, etc. This also applies to any third
 parties used.
- · Reporting any errors or changes to an approved LMIA or the temporary foreign worker to ESDC/Service Canada.
- Retaining all documentation that relates to compliance with program acts, regulations and requirements for a period of six years beginning on the first day of employment of the foreign national.
- Giving all reasonable assistance to an officer conducting an inspection such as but not limited to attending interviews and on-site
 inspections, answering questions, and providing information and documentation that relates to all Program conditions and
 requirements.

Employers who are found non-compliant with these conditions may be subject to consequences including: warnings; issuance of negative Labour Market Impact Assessments; administrative monetary penalties; bans from the program; suspension and/or cancellation of approved labour market assessments; and/or the publishing of the business name on a public website along with details of the violation.

For more details on the program requirements of the Temporary Foreign Worker Program, please visit the <u>Hiring a Temporary Foreign Worker</u> <u>website</u>.

| SECTION 12: DOCUMENTATION CHECKLIST - HIGH-WAGE POSITION | | |
|--|--|--|
| IMPORTANT : Employers must use this step-by-step checklist to ensure that all the documents required are submitted, otherwise there will be delays in processing the application. | | |
| Unde | er this stream, employer must complete, sign (where applicable) and submit the following documents: | |
| | This Labour Market Impact Assessment application form | |
| | Additional attached sheets if there was insufficient room to answer a question on the form | |
| | Documentation supporting the business legitimacy. The list of required documents is available on the TFW Program website. | |
| | ESDC/Service Canada may request that employers submit additional proof of business legitimacy documents at a later date. | |
| | Copy of the Section(s) of Collective Bargaining Agreement related to Rates of Pay (if applicable) | |
| | Proof of Recruitment (Job advertisements and/or other recruitment activities) | |
| | Submitted documents must include where, when and for how long the position was advertised and/or the recruitment activity took place. These documents must also prove that the advertisements and/or recruitment activities targeted the appropriate audience for the occupation. | |
| | Employers must conduct at least three different recruitment activities, they must advertise on the Government of Canada's <u>Job Bank</u> Employers who choose to use an alternative method, must submit a written rationale and explanation. Employers must also conduct at least two additional methods of recruitment which are consistent with the occupation (targets an audience that has the appropriate education, professional experience or skill level required for the occupation). One of the methods used must be national in scope, and easily accessed by residents of any province or territory, as people in high-wage positions are often mobile and willing to re-locate for work. | |
| | Depending on the nature of the position and/or the province of work, a recruitment variation may apply. Proof of recruitment may or may not be required in these cases. Refer to the <u>TFW program website</u> for more details. | |
| | Proof of Job Bank Advertisement | |
| | If Job Bank was not used, attach a written rationale and explanation | |
| | Proof of Recruitment - additional method | |
| | Proof of Recruitment - additional method | |
| | oloyers must send all required documentation to the Service Canada Processing Centre responsible for processing their specific type of our Market Impact Assessment application. | |
| A c | omplete application means that employers have: | |
| | used the latest version of the application form filled out all of the required fields in all of the necessary forms (except for the TFW information in the case of an Unnamed LMIA) included all of the required documentation signed the forms where required submitted the fee payment with the application | |
| sup | is application is incomplete, Service Canada staff will inform the employer that it will not be processed. Incomplete applications and porting documents submitted will not be retained or returned to the employer. As a result, employers are advised to submit copies, not inal documents. | |
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| SECTION 13: DECLARATION OF THE THIRD-PARTY REPRESENTATIVE (IF APPLICABLE) | | | |
|---|---|------------------------------|---------------------------------|
| I, hereby, declare that the information in SECTION 3: THIRD-PARTY INFORMATION is true, accurate and complete. | | | |
| Signature of the Third-party Representative | Printed name of the Third-part | y Representative | Date (YYYY-MM-DD) |
| SECTION 14: APPOINTMENT OF THIRD-PARTY (II | F APPLICABLE) | | |
| The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources). FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION: I, hereby, appoint the third-party named in SECTION 3: THIRD-PARTY INFORMATION as my representative to act on my behalf in order to obtain a Labour Market Impact Assessment from ESDC/Service Canada in order to hire a foreign national for the position described above. | | | |
| I, hereby, agree to ratify and confirm all that my third-party representative shall do or cause to be done by virtue of this appointment. This appointment shall remain in full force and effect only for the processing of this application, unless due notice in writing of its revocation has been given to ESDC/Service Canada. | | | |
| Signature of Employer | Printed Name of Employer | Printed Name of Employer | |
| Signature of Employer #2 (if applicable) | Printed Name of Employer #2 | | Date (YYYY-MM-DD) |
| this application; that the information provided that they understand, accept, and will comply and Refugee Protection Act, Immigration and requirements. Signature of Employer | with all Temporary Foreign W Refugee Protection Regulation | Vorker Program requirements, | as specified in the Immigration |
| Title of Employer | Date (Y | YYY-MM-DD) | |
| Signature of Employer #2 (if applicable) | Printed I | Name of the Employer #2 | |
| Title of Employer #2 | Date (Y | YYY-MM-DD) | |
| A person, who contravenes a provision set out under sections 126 or 127 of the Immigration and Refugee Protection Act (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years. Important: Employers must immediately inform Service Canada of any changes related to the foreign worker's terms and conditions of employernent as described in the positive LMIA letter and any annexes. If Service Canada accepts the employer's changes to the original LMIA, the employers' file will be updated accordingly. In accordance with the provisions of the Immigration and Refugee Protection Regulations, ESDC may conduct an inspection to verify the employer's compliance with the conditions set out in the positive LMIA letter and annexes. As a result, this inspection could include a review of the employer's file and if Service Canada does not have a copy of the changes, the employer will be held accountable for the information that is on file. | | | |

TEMPORARY FOREIGN WORKER INFORMATION TEMPLATE

Complete and attach with the application the names of the Temporary Foreign Workers. If the names of the TFWs have not been identified yet, leave the Template blank. If more room than provided below is needed, please attach additional sheets to identify additional workers.

Note:

The positive Labour Market Impact Assessment (LMIA) letter and annex specifies the expiry date of the LMIA. The TFW must submit an application for a Work Permit prior to the expiry of the LMIA. Requests to modify, add, remove or change a name on an LMIA must be received by ESDC/Service Canada at least:

- 15 days prior to the expiry of the LMIA; or
- 20 days prior to the expiry of the LMIA if more than 10 names.

| WORKER #1 | | |
|-----------------------------|-----------------------|--|
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |
| WORKER #2 | | |
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |
| WORKER #3 | | |
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |
| WORKER #4 | | |
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |
| WORKER #5 | | |
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |
| WORKER #6 | | |
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |
| WORKER #7 | | |
| First name: | Last Name: | |
| | | |
| Date of Birth (YYYY-MM-DD): | Country of residence: | |
| | | |

| Please comple Processing | ete the Labour Fee Payment I | _ | |
|-----------------------------|---------------------------------|---|--|
| | | | |

| For office use only | |
|---------------------|--|
| | |

LABOUR MARKET IMPACT ASSESSMENT - PROCESSING FEE PAYMENT FORM TEMPORARY FOREIGN WORKER PROGRAM

Employers must pay a processing fee for each position requested, except applications that involve on-farm primary agriculture occupations such farm managers/supervisors and specialized livestock workers and general farm workers, nursery and greenhouse workers and harvesting labourers (specifically NOC codes 0821, 0822, 8252, 8255, 8431, 8432 and 8611), and those solely to support a foreign national's immigration application.

The total processing fee must be paid before the employer's LMIA application can be processed.

Note: No costs associated with seeking an LMIA, including this processing fee, may be directly or indirectly recovered from the TFW.

| Step 1 – Complete employer information section: | | | | | |
|--|---|--------------------|------|------|--|
| Employer Business Name: | | | | | |
| Canada Revenue Agency Business Number: (First 9 digits are mandatory for Canadian employers) | | | | | |
| Step 2 – Calculate total labour market impact assessment p | rocessing fee in Canadian dollars: | | | | |
| Number of positions requested X \$1,000 = TOTAL | processing fee payment of \$ CAD | | | | |
| Step 3 – Select method of payment: | | | | | |
| Certified cheque or money order (postal or bank) made pay | able to the Receiver General for Canad | la | | | |
| Credit card (Visa, MasterCard, American Express) | | | | | |
| For payment by credit card, complete and sign this section | | | | | |
| CREDIT CARD INFORMATION AND PAYMENT A | AUTHORIZATION | | | | |
| Name of cardholder (as it appears on the credit card): | Employer primary contact | ct name: | | | |
| Credit card type: | Last 4 digits of credit car | d: | | | |
| Visa MasterCard American Expr | ess | | | | |
| AUTHORIZATION: | | | | | |
| I authorize ESDC/Service Canada in the name of the Receiver General for Canada to charge \$ CAD to my credit card | | | | card | |
| This is permission for a single transaction, and does not provid | e authorization for any additional charge | es. | | | |
| Signature of cardholder: | | Date: | ММ | DD | |
| NOTE: Refunds will only be provided if a fee was collected in error (e.g. an incorrect fee amount was processed). There will not be refunds in the event of a negative labour market impact assessment since the fee covers the process to assess an application and not the outcome. | | | | | |
| >< | Page 17 of 17 | | | | |
| To be destroyed after processing | | | | | |
| Credit card number: | | Expiry date: MM | YYYY | | |
| | | • | | | |