



Town of Taber Rural Renewal Stream
Employer Application to AAIP Board for Candidate

Business Information

Legal/Corporate Name (As Registered with CRA)			
Operating/Trade Name (If Different from Legal Name)			
General Business Description			
No. Full Time Employees		No. Part Time Employees	
Franchise Business?	Yes / No	NAICS Code (5 digit)	

Business Location

Street Address		City	
Province		Postal Code	
Mailing address (if different than business location)			
Province		Postal Code	

Business Contact Information

Owner Name			
Phone		Email	
Contact Name		Position	
Phone		Email	

Business Contact Information

Does the employer have a valid business license?	
Has the Employer been documented for any violations thorough Alberta Health Services in the last two years?	
Has the employer received any Occupational Health & Safety complaints within the last two years?	
Is the employer in good standing with the Workers Compensation Board of Alberta?	
Is the employer in good standing with Immigration, Refugees and Citizenship Canada?	

Position Details

Job Title	
# of Positions Available	

National Occupation Classification Code					
Minimum Education Requirements					
Experience Required for the job					
Wage per hour		Annual Wage			
Total number of hours / day		Total number of hours /week			
Over time rate per hour		Starts after		Hours of work per	
How long have you been trying to fill this position?					
What methods of advertising have you utilized? Ex: Job Bank					
Dates the job was posted:		Start Date:		End Date:	
Did the employer use an agency representative or third party for recruitment or job fair?					
Links to current job postings:					
Have you had any local applicants? If so, how many?					
What barriers do you face, finding employees?					
Is there an LMIA or exemption for an LMIA? Please describe if applicable.					
Are there provincial/ federal certification, licensing or registration requirements for the job? (please attach)				Yes / No	
If yes, indicate the name of the certifying / licensing / registering body:					
Are there any language requirements for the job?					
If yes, indicate the language requirement:					
Does the job meet the following requirements?					
	Job is Full Time (Min 30 Hours/Week)				
	Job is Non-Seasonal (Year-Round)				
	Job is Genuine and represents a labour market need				
	Job is Permanent (12 months or more)				
	Occupation is needed in the community				
	Wage and benefits meet or exceed the ALIS website guidelines				
	Job advertised				
	Employer provided benefits for temporary foreign workers				
Job Description					
Does the Job Provide Employee Benefits					

Disability Insurance		Dental Insurance	
Pension		Extended Medical Insurance	
Vacation		Days (# / year)	% of gross salary
other benefits (explain):			

Address of Physical Job Location

Street Address		City	
Province		Postal Code	

Candidate Information

Full Legal Name		Mailing Address:	
Phone Number		Mailing Address Continued	
Date of Birth			
Email Address. Please use one that you have full access to.			

Marital and Family Status. Ex. Single, Married, Common Law, Family, Dependants

Name of Family Member	Relation to Primary Candidate	DOB

Country of Origin	
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Current Location	
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If in Canada, what travel/work permits/visa exist? Please attach if applicable.	
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Languages Spoken	
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Are you combining work experience from more than one employer?	Yes / No
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What are the position/s of your work experience?	
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What are the NOC/s of your work experience?	
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Have you met the 12 months experience in the past 18 months?	Yes / No
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Copy of current passport attached?	Yes / No
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LMIA or exemption attached? (if applicable)	Yes/No
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English language proficiency results attached? (IELTS/CELPIP)	Yes/No
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Education Assessment attached? (WES)	Yes/No
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Proof of settlement funds attached? (Bank statements for last 6 months)	Yes/No
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Immigration Service Provider (if applicable)

Business Name:		City	
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Street Address		Phone:	
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Province		Postal Code	
Contact Name:		Email:	
Province		Phone:	
ICCRC#		Status:	

Employer Questions

Please answer honestly, they will not effect the application, but allow us to help put supports in place to help you

Do you (employer) have any experience working with immigraiton programs? If yes, please explain:

How do you, as an employer, plan to offer a safe and welcoming environment?

Please share what you will do to assist the candidate to find suitable and affordable accomodations. If they have housing provide the address below.

Does the candidate have a connection with the community?

Are you interested in further training on cultural understanding and workplace integration?

Please the following documents with this submission:

All documentation must be submitted in PDF format

	Candidates Resume & Employer Reference
	Employer Business License
	Job Offer with all Details signed by Employer and Candidate
	Work Permit
	Travel Documents
	LMIA or Exemption of LMIA
	Provincial / Federal certification, licensing registration requirements for the job

Questions about this Form or the Program?

Town of Taber Economic Development Office

403-223-5500 ext 5514, 6865 or 6866

immigration@taber.ca

The personal information on this form is being collected for the purpose of reviewing your application to the municipality of the Town of Taber. The information is collected under the authority of section 146 of the Municipal Government Act (MGA) and section 33 of the Freedom of Information and Protection of Privacy Act. Under section 33 of the FOIPP Act, the Town of Taber reserves the right to collect information that relates directly to and is necessary for an operating program or activity of the public body. Names of applicants will be provided to the public. If you have any questions about the collection of this information, please contact the FOIPP Coordinator at 403-223-5500 ext 5519.

As the Employer I can confirm that I have not collected any money from the candidate to participate in the program or for their employment with my company.

Legal Name

Date

Signature

I hereby declare that the above made statements and information provided on this form are true to the best of my knowledge and belief.

Legal Name

Date

Signature

Our office will be in touch with you once we have reviewed the application. At that time we can go over the program with you, and answer any questions you may have. We look forward to meeting you.
-Thank you.