

# LABOUR MARKET IMPACT ASSESSMENT APPLICATION

## SEASONAL AGRICULTURAL WORKER PROGRAM

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 website](#).

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 Employers):	2. Business Legal Name (as registered with CRA):		
3. Business Address (as registered with CRA): Line 1:	4. City:	5. Province/Territory/State:	
Line 2:	6. Country:	7. Postal/Zip Code:	
8. Mailing Address (if different from business address): Line 1:	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):			
Business: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Co-operative		Other: <input type="checkbox"/> Non-profit <input type="checkbox"/> Registered Charity	
SECTION 2: EMPLOYER CONTACT INFORMATION			
PRINCIPAL EMPLOYER CONTACT INFORMATION (This person must be the employer or be an employee of the employer)			
1. First Name:	Middle Name:	Last Name:	2. Job Title:
3. Telephone Number:	Ext:	4. Other Telephone Number:	Ext:
5. Fax Number:			
6. Email Address:	7. Email Preference: <input type="checkbox"/> Do not contact via email		8. Language of Correspondence: <input type="checkbox"/> English <input type="checkbox"/> French
9. Mailing Address: Line 1:	10. City:	11. Province/Territory/State:	
Line 2:	12. Country:	13. Postal/Zip Code:	

**ALTERNATE EMPLOYER CONTACT INFORMATION (This person must be the employer or be an employee of the employer)**

14. First Name:		Middle Name:		Last Name:		15. Job Title:			
16. Telephone Number:		Ext:		17. Other Telephone Number:		Ext:		18. Fax Number:	
19. Email Address:				20. Email Preference:		21. Language of Correspondence:			
				<input type="checkbox"/> Do not contact via email		<input type="checkbox"/> English		<input type="checkbox"/> French	
22. Mailing Address:				23. City:		24. Province/Territory/State:			
Line 2:				25. Country:		26. Postal/Zip Code:			

**SECTION 3: THIRD-PARTY INFORMATION**

1. Is the employer appointing a third-party to represent them for the assessment of this Labour Market Impact Assessment (LMIA) application?  
**Note:** The employer is responsible for all decisions made on their behalf by the third-party, for the purpose of this LMIA application.

Yes    If yes, continue completing **Section 3: Third-party Information**     No    If no, skip to **Section 4: Labour Market Impacts**

2. Canada Revenue Agency Business Number (first 9 digits are mandatory for Canadian businesses):

3. Business Legal Name (as registered with CRA):

4. Business Operating Name (if different from Legal Name):

5. Business Address:

6. City:

7. Province/Territory/State:

Line 2:

8. Country:

9. Postal/Zip Code:

**THIRD-PARTY CONTACT INFORMATION (Authorized representative acting on behalf of the employer)**

10. First Name:		Middle Name:		Last Name:		11. Job Title:			
12. Telephone Number:		Ext:		13. Other Telephone Number:		Ext:		14. Fax Number:	
15. Email Address:				16. Email Preference:		17. Language of Correspondence:			
				<input type="checkbox"/> Do not contact via email		<input type="checkbox"/> English		<input type="checkbox"/> 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 represent them for the purpose of obtaining this Labour Market Impact Assessment (LMIA)?

<input type="checkbox"/> Yes    If yes, then which applies to the third-party?	<input type="checkbox"/> No    If no, then which applies to the third-party?
<input type="checkbox"/> a member of the Immigration Consultants of Canada Regulatory Council (ICCRC)    Membership ID: _____	<input type="checkbox"/> a family member or friend
<input type="checkbox"/> a member of the law society of the following province/territory: _____ _____	<input type="checkbox"/> a member of a non-governmental or a religious organization
<input type="checkbox"/> a member of the <i>Chambre des notaires du Québec</i> Membership ID: _____	<input type="checkbox"/> a member in good standing of the ICCRC, a provincial or territorial law society, or the <i>Chambre des notaires du Québec</i> doing pro bono work
<input type="checkbox"/> other (please describe):	<input type="checkbox"/> other (please describe):

**SECTION 4: LABOUR MARKET IMPACTS**

1. How many employees are employed nationally under the employer's 9 digit CRA business number?

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?

No  Yes

4. If yes, provide details:

5. Will hiring a TFW result in the development or transfer of skills and knowledge for the benefit of Canadians/permanent residents?

No  Yes

6. If yes, provide details:

7. Will hiring a TFW fill a labour shortage?

No  Yes

8. If yes, provide details:

9. Please describe any other benefits to the Canadian labour market that will result from offering this job to a TFW:

10. Were any employees laid off in the past 12 months?

No  Yes

11. If yes, how many Canadians/permanent residents? \_\_\_\_\_ How many TFWs? \_\_\_\_\_

What was the reason for the layoffs, and 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?

No  Yes

13. If yes, provide details on the impact of hiring the TFW(s) on the employer's workforce and the Canadian workforce more generally:

14. Does the business receive support through Employment and Social Development Canada/Service Canada's Work-Sharing program?

No  Yes

15. If yes, provide details:

16. Is there a labour dispute in progress at the job location?

No  Yes

17. If yes, provide details:

**SECTION 5: JOB OFFER DETAILS**

1. How many TFWs is the employer applying for in this occupation?

2. What is the job title of the position being offered to the TFW(s):

3. Describe, in your own words and in as much detail as possible, the main duties of the position offered to the TFW:

4. Provide a rationale for the job offer the employer is making to the TFW(s) and describe how this will meet the employer's employment needs:

5. What is the expected employment start date (YYYY-MM-DD)?

6. What is the expected employment duration?

  day(s)  week(s)  month(s)  year(s)

7. Why does the employer require the TFW for this duration?

8. Indicate the language requirement stated in the offer of employment:

 This position does not require the ability to communicate in any specific language. This position requires the ability to communicate orally in: English French English or French English and French The position requires the ability to communicate in writing in: English French English or French English and French The position requires the ability to communicate in a language other than English or French.  
If this option is selected, indicate the other language required for the position and provide a rationale:

9. Minimum education requirements of the job:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> No formal education requirement | <input type="checkbox"/> Completion of some secondary school                        | <input type="checkbox"/> College level diploma/certificate | <input type="checkbox"/> Doctorate/Ph.D.    |
| <input type="checkbox"/> Completion of secondary school  | <input type="checkbox"/> Apprenticeship, trade or vocational diploma or certificate | <input type="checkbox"/> Bachelor's degree                 | <input type="checkbox"/> Doctor of Medicine |
| <input type="checkbox"/> Master's degree                 | <input type="checkbox"/> Other minimum education requirements                       |  |   |

Describe the specific diploma/certificate, degree, Ph.D. or other education requirements that the job requires:

10. Minimum experience/skills requirements of the job (include years of experience and/or occupational designations such as CPA, RN, P.Eng.):

11. Is the occupation regulated at a federal/provincial/territorial level and requires occupational certification, licensing, or registration?

- No       Yes

12. If yes, indicate the type of occupational certification, licensing, or registration and the name of the issuing body/ authority:

**SECTION 6: WORK LOCATION**

1. Business Operating Name of the primary work location:

2. Describe, in your own words and in as much detail as possible, the principal business activity at the primary work location:

3. Describe, in your own words and in as much detail as possible, any safety concerns or hazards associated with the principal business activity or site:

4. Address of the primary location where the TFW will work:  
Line 1:

5. City:

Line 2:

6. Province/Territory:

7. Postal/Zip Code:

**Note:** If necessary, attach a separate sheet. If the TFW will be working at multiple locations, include the business operating name, the description of the principal business activity, and the address of each additional work location.

**SECTION 7: HOURS, PAY AND BENEFITS**

1. What is the wage range for all employees currently working in this same occupation, with the same skills and years 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 last 2 pay periods that have occurred within the 6 weeks prior to submitting the application.

2. How many hours will the TFW work each day?

3. How many hours will the TFW work each week?

4. Will the TFW have an atypical schedule without standard daily or weekly hours?

No     Yes

5. If yes, provide details:

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?

No     Yes

7. If no, provide details:

8. What is the regular (non-overtime) wage in Canadian dollars per hour being offered to the TFW?

9. What is the overtime wage in Canadian dollars per hour being offered to the TFW? (if applicable and must meet provincial/territorial requirements)

Overtime rate of \$ per hour

Starting after

\_\_\_\_\_ hours per day **AND/OR**

**Note:** Employers must provide the calculation of an hourly wage in \$CAD, even if the position is salaried, paid in foreign currency, or paid by piecework.

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?

No     Yes

11. If yes, provide calculations used to obtain hourly \$CAD wage:

12. Will the TFW be paid any contingent wages (e.g. piecework, mileage, commissions, guaranteed bonuses, or predictable overtime)?

No     Yes

13. If yes, provide details:

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 requirements):

Disability insurance     Dental insurance     Employer-provided Pension     Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment)

Other benefits (explain):

16. Vacation (must meet minimum provincial/territorial requirements):

Days \_\_\_\_\_ (# of business days per year)    Remuneration \_\_\_\_\_ (% of gross salary)     N/A

**SECTION 8: RECRUITMENT**

1. Is the position subject to a variation in minimum advertising requirements as listed on the [TFW program website](#), including the Quebec Facilitated Process?

Yes If yes, specify the variation requested and provide a rationale for meeting its criteria:

**Refer to the website for guidance on the applicable recruitment or advertising [variation](#) and continue completing Section 8: Recruitment only if necessary.** Variations are subject to review.

No If no, proceed to the next question

2. Did the employer try to recruit Canadians/permanent residents prior to submitting this LMIA application for this job?

**Note:** Most program streams require recruitment efforts within the 3 months prior to submitting an application. Please refer to the [website](#) for more details.

No If no, explain why the employer has not attempted to recruit Canadians/permanent residents:

Yes If yes, complete all the applicable boxes and provide the required information below

Method	Name of Advertising Source	Website Address (if applicable)	Advertisement #	Publication Date	Expiry Date

Proof of recruitment must be submitted with the LMIA application (i.e. copy of advertisements and information to support where, when and for how long the position was advertised).

3. How many applications/resumes were received from Canadians/permanent residents?	4. How many Canadians/permanent resident applicants were interviewed?
5. How many Canadians/permanent residents were offered the position?	6. How many Canadians/permanent residents were hired?
7. How many Canadians/permanent residents declined a job offer?	8. How many Canadians/permanent residents applied but were not interviewed or offered the position?

9. For each unsuitable Canadian/permanent resident applicant, provide a detailed explanation as to why the candidate did not meet the requirements of the position. If necessary, attach a separate sheet. However, **do not provide the names of the candidates** (e.g. applicant #1 – has not completed the apprenticeship program and therefore cannot work as a journeyperson).

**SECTION 9: AGRICULTURAL OPERATION DETAILS**

1. List crops/commodities, acreage and harvesting method for the job that will be performed by temporary foreign workers.

Crop/Commodity	Acreage and/or headcount of livestock	Method Harvested <input type="checkbox"/> Fully automated <input type="checkbox"/> Semi-automated <input type="checkbox"/> Hand harvested <input type="checkbox"/> Job does not require harvesting
Crop/Commodity	Acreage and/or headcount of livestock	Method Harvested <input type="checkbox"/> Fully automated <input type="checkbox"/> Semi-automated <input type="checkbox"/> Hand harvested <input type="checkbox"/> Job does not require harvesting

2. Total number of Canadian/permanent resident workers in the same occupation working at the same location:

Expected to be employed this year/ season	Employed last year/ season
--	----------------------------

3. Total number of temporary foreign workers in the same occupation at the same location:

Expected to be employed this year/ season	Employed last year/ season
--	----------------------------

4. If the total numbers of workers, which includes Canadian citizens, permanent residents and temporary foreign workers (TFWs) is different from last year/season, provide an explanation

**SECTION 10: TYPE OF REQUEST**

1. Please check one of the following boxes to indicate the type of request this LMIA is:

- Direct Arrival** (Initial request for SAWP worker(s) from abroad)
- Direct Replacement** (Request to replace worker(s) who returned home prior to the expected departure date)
- Double Arrival** (Request where worker(s) go home and return to the same employer in the same program year)
- Double Transfer** (Request for worker(s) to transfer back to original employer from a second employer)
- Replacement Transfer** (Request to replace worker(s) from within Canada)
- Transfer** (Request to transfer worker(s) from one employer to another within Canada)

**NOTE:** TFWs cannot be transferred to another employer or shared without approval. Transferring or sharing TFWs informally contravenes section 124(1)(c) and 125 of the *Immigration and Refugee Protection Act* (IRPA) and is punishable by a fine of up to \$50,000 and imprisonment.

2. Substitute Workers

- Check box to indicate that substitute workers WILL NOT be accepted in situations where previously identified workers are not available.**

3. Country of Origin of the TFW(s):



**SECTION 11: DEDUCTIONS AND PAYMENTS**

1.  Check box to indicate that you will be deducting from the TFWs' pay the amounts indicated in the employment agreement for the coming year, depending on the province or territory of work, up to the maximum amounts permitted, once the information is available on the departmental website.
2. Have any of the temporary foreign workers worked for 5 or more consecutive years at the employer's place of employment?  
 Yes       No  
 If Yes will the employer provide weekly recognition payment of \$4 up to a maximum of \$128?  
 Yes       No  
 If No, please explain why the employer is not providing a weekly recognition payment:

**SECTION 12: ACCOMMODATION**

Employers must provide proof that the on-farm or off-site housing has been inspected by the appropriate provincial/territorial/municipal body or by an authorized private inspector with appropriate certifications from the relevant level of government, in accordance with the Agreement for the employment in Canada for the Seasonal Agricultural Worker Program. BC only, the inspection must be approved by British Columbia Agriculture Council (BCAC) as well as validated and conducted by a BCAC sanctioned inspector who is authorized to conduct agriculture inspections for the upcoming season. If the authorized inspector or jurisdiction does not have a standard format for reporting official housing inspections, employers must ensure that Schedule F – Housing Inspection Report Seasonal Agricultural Worker Program and Agricultural Stream is used to report the results.

As proof of the suitability of the housing, employers must submit a housing inspection report which demonstrates that the housing unit has been inspected within the eight month period prior to Service Canada receiving the LMIA application. Example: An LMIA application received by Service Canada on December 1, 2017 included a housing inspection report dated May 15, 2017. The housing inspection will be accepted as it was completed within 8 months of the application submission date.

Exception for Direct Replacement and Replacement Transfer LMIA applications: Employers may continue to use the housing inspection report submitted with the original application, even if completed more than 8 months prior to application receipt, as long as the replacement worker will be living in the same accommodation, filling the same position during the same calendar year.

Example: Service Canada previously issued a positive LMIA for an application, with an anticipated start date in April 2018. The application was received November 20, 2017 and included a housing inspection report dated August 22, 2017. The housing inspection report was accepted as it was completed within the 8 months prior to the application's submission date.

If the employer submits a new direct replacement or replacement transfer LMIA application July 14, 2018, the housing inspection report that was previously used in the initially issued LMIA can be reused for this application as long as the workers will live in the same accommodation, will fill the same position and will perform work during the same calendar year. A new housing inspection report is not required.

1. Physical address of housing provided to the TFW Line 1:	2. City:	3. Province/Territory:
Line 2:	4. Country:	5. Postal Code:
6. Physical address of second housing location, if applicable Line 1:	7. City:	8. Province/Territory:
Line 2:	9. Country:	10. Postal Code:

**11. Housing Inspection**

- Housing inspection report completed within the 8 month period prior Service
- Direct Replacement or Replacement Transfer LMIA Application: The housing inspection report used to obtain LMIA # \_\_\_\_\_ is included

**SECTION 13: ARRIVAL INFORMATION**

1. Expected Arrival dates for SAWP workers under this LMIA application:

Number of Named Workers	Number of Unnamed Workers (if applicable)	Requested Arrival Date (yyyy-mm-dd)	Anticipated Departure Date (yyyy-mm-dd)

## SECTION 14: 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 *Seasonal Agricultural Worker Program*, Employers' responsibilities 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
- 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
- Providing suitable accommodations and have an inspection report completed for the housing provided by the appropriate provincial/territorial /municipal body or by an authorized private inspector with appropriate certification.
- Employers must ensure the occupancy of each accommodation location does not exceed the maximum occupancy permitted. They must also ensure that sufficient housing will be made available for all TFWs per approved accommodation from the date of arrival to the date of departure.
- Providing the worker with a copy of the relevant SAWP employment contract which has been signed by the employer, the worker and the liaison officer from the foreign government.
- Adhering to the terms and conditions as set out in the relevant SAWP agreement.
- 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 [Hiring a Temporary Foreign Worker website](#) .

## SECTION 15: DOCUMENTATION CHECKLIST – SEASONAL AGRICULTURAL WORKER PROGRAM

**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.

Under this stream, employers 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.

**Proof of Recruitment**

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 are consistent with the normal practice for the occupation. Refer to the [TFW program website](#) for more details.

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 [TFW program website](#) for more details.

**Proof of Job Bank Advertisement**

If the employer did not use Job Bank, a copy of the advertisement posted on its provincial counterpart.

**Copy of the Employment Contract**

**Copy of the Transfer Contract** (if applicable)

**Copy of the signed off-farm housing contract** (if applicable)

**[Housing Inspection Report](#)**

Employers must send all required documentation to the [Service Canada Processing Centre](#) responsible for processing their specific type of Labour Market Impact Assessment application.

A complete 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
- included all of the required documentation
- signed the forms where required

If this application is incomplete, Service Canada staff will inform the employer that it will not be processed. Incomplete applications and supporting documents submitted **will not be retained or returned** to the employer. As a result, employers are advised to submit copies, not original documents.

**SECTION 16: 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-party Representative

\_\_\_\_\_  
Date (YYYY-MM-DD)

**SECTION 17: APPOINTMENT OF THIRD-PARTY (IF 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

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Employer #2 (if applicable)

\_\_\_\_\_  
Printed Name of Employer #2

\_\_\_\_\_  
Date (YYYY-MM-DD)

**SECTION 18: SIGNATURE OF EMPLOYER**

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 In-home Caregiver positions, employers must be the parent or legal guardian of the child receiving care, be the recipient of care or have a valid power of attorney for the individual receiving care.

By signing this document employers attest that they have read and understood the Privacy Notice Statement found at the beginning of this application; that the information provided in this Labour Market Impact Assessment application is true, accurate and complete; and that they understand, accept, and will comply with all Temporary Foreign Worker Program requirements, as specified in the [Immigration and Refugee Protection Act](#), [Immigration and Refugee Protection Regulations](#) and all of the [Temporary Foreign Worker Program requirements](#).

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of the Employer

\_\_\_\_\_  
Title of Employer

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Employer #2 (if applicable)

\_\_\_\_\_  
Printed Name of the Employer #2

\_\_\_\_\_  
Title of Employer #2

\_\_\_\_\_  
Date (YYYY-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 employment 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: