



NWT Nominee Program
Critical Impact Worker - APPLICATION
FORM D

OFFICE USE ONLY
File #:
NOC #:
Date Accepted for Assessment by NTNP YY/MM/DD / /

Note: The employer is responsible for completion of the application form and submitting all required documentation to ECE. This application form has two (2) sections, one for the employer and one for the nominee. All sections must be completed with all required documentation attached prior to the application being submitted. If you have any questions, please contact a regional ECE Service Centre.

**ECE Service Centre,
Canada/NWT Service Centre**

Fort Simpson 9802-98 Avenue	695-7332	Fax 695-7351
Fort Smith Sweetgrass Building	872-7425	Fax 872-4507
Hay River Courthouse Building	874-5050	Fax 874-5062
Inuvik Mack Travel Building	777-7365	Fax 777-7218
Norman Wells Town Square	587-7120	Fax 587-2612
Yellowknife Greenstone Building	766-5100	Fax 873-0423

www.ece.gov.nt.ca

The Critical Impact Worker Program is intended to assist NWT employers with critical labour shortages that cannot be filled by local residents. The program is designed to increase the labour pool for entry level jobs (NOC skill levels C & D) in the hospitality and service sector industry to address the critical need of semi-skilled workers in the NWT. Employees must have worked in the position for six months under a temporary foreign worker permit.

This category will remain in place until the labour market for semi-skilled workers within the NWT economy demonstrates this category is no longer required.

ELIGIBILITY

The Employer must:

- Have a job vacancy;
- Identify a potential nominee;
- Be a registered business, industry association or a local, municipal, First Nation or Territorial government in the NWT that has been registered and operational for a minimum of six months;
- Provide proof that they have tried to recruit locally and nationally to fill the position using national advertising requirements;
- Obtain a Labour Market Opinion; and,
- Be in good standing with the Employment Standards Office.

A Human Resources Plan that verifies the need to fill the position with a nominee will be evaluated as an asset to the application.

The Offer of Employment must:

- Be for a permanent full-time position (minimum 30 hours per week);
- Be in an occupation that falls into skill level C or D of the NOC Matrix. These occupations usually require secondary school and/or occupation-specific training or on-the-job training;
- Not conflict with existing collective bargaining agreements;
- Meet the minimum requirements of territorial employment standards; and,
- Provide a comparable industry rate of pay.

The Nominee must:

- Have a temporary work permit and have worked in the same position for six months;
- Prove sufficient financial supports or settlement supports in the NWT;
- Have the required work experience for the specific occupation;
- Be able to conduct basic communications in either English or French, depending on the official language of the work place; and,
- Not be a refugee claimant.

Please ensure that you have included the following documents:

- Letter of offer of employment
- Proof of attempted local and national recruitment for the position
- Labour Market Opinion
- Original or certified true copy confirming nominee's previous work experience, translated into English or French
- Proof that they have worked in the NWT for at least six months in the position
- A copy of the nominee's temporary work permit

PART 1 - EMPLOYER SECTION

Company Information

Company Name

Mailing Address

Street Address (if different from mailing address)

Contact Name

Email Address

Telephone Number
()

Fax Number
()

Type of Company (sector)

Date Established - YY/MM/DD

Number of Employees

Public Company Private Company

Markets

Canada North America International

Job Information

Job Title

Location

Wage Rate

Length of Time Position Has Been Vacant

Type of Employment

Full-time

Hours per week:

Please indicate how you have tried to recruit locally and nationally to fill this position:

Language Required	Speak	Read	Write
<input type="radio"/> English	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> French	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Other (specify):	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please attach a job description and/or provide answers to the following questions:

Description of position:

AUTHORITY TO SHARE INFORMATION

This information is being collected under the authority of s. 40(c) of the NWT *Access to Information and Protection of Privacy Act* and related regulations and policies. It is being collected in accordance with the *Canada-NWT Agreement on Provincial Nominees* for the purpose of administering the NWT Nominee Program.

We authorize the Government of the Northwest Territories (GNWT) to share information relating to our application with Human Resources and Skills Development Canada and Citizenship and Immigration Canada and any other federal/provincial/territorial departments and their agencies, as well as municipal governments, unions and associations and other appropriate organizations as deemed appropriate by the GNWT for the purposes of administering the program, including the processing of our application and for the purposes of program evaluation.

_____ Name of Employer's Authorized Signing Officer - Please Print	_____ Job Title of Authorized Signing Officer
<u> x </u> Signature of Employer's Authorized Signing Officer	_____ Date - YY/MM/DD

EMPLOYER DECLARATION

- I declare that the information given in this application is truthful, complete and correct.
- I declare the offer of employment provides wages and benefits equal to those the organization does or would pay to Canadians with similar skills and experience.
- I declare the employment of the position does not conflict with any existing bargaining agreements, the settlement of any labour dispute or the employment of a person involved in such a dispute.
- I declare the potential nominee has the sufficient language ability to work in our organization.
- I declare the potential nominee has the sufficient skills and experience required to perform the duties of the position.
- I agree to provide employment for the potential nominee on a permanent full-time basis.
- I agree to sign a Memorandum of Understanding that outlines my responsibilities under the NWT Nominee Program.
- I understand that any false statements or concealment of a material fact may result in our exclusion participating in the NWT Nominee Program in the future.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point which was not clear.

_____ Name of Employer's Authorized Signing Officer - Please Print	_____ Job Title of Authorized Signing Officer
<u> x </u> Signature of Employer's Authorized Signing Officer	_____ Date - YY/MM/DD

PART 2 - NOMINEE INFORMATION

Personal Information

Last Name		Given Name(s)	
Mailing Address			
Residence Address (if different from mailing address)			
Date of Birth - YY/MM/DD	Place of Birth (City and Country)	Gender <input type="radio"/> Male <input type="radio"/> Female	Citizenship (Country)
Telephone Number () ()	Fax Number () ()	Email Address	How long have you lived at this address?
Please indicate your immigrant status: <input type="radio"/> Visitor <input type="radio"/> Foreign Worker <input type="radio"/> Student			

Previous Immigration to Canada

Have you ever applied for admission to Canada as an immigrant?: No Yes If 'Yes', please answer the following:

Immigration Office Contacted:

Dates of Application - YY/MM/DD:

Province/Territory of Application:

Education Information - Include information on high school, technical training, college/university education, etc.

Name of Institution	Dates Attended - YY/MM/DD	Field of Study	Certification Obtained

Employment History

Name of Employer	Dates Employed - YY/MM/DD	City/Country	Position

Language Proficiency

Have you used English as the primary language of communication at work?	<input type="radio"/> Yes <input type="radio"/> No	How Long?
Have you used English as the primary language of communication at school?	<input type="radio"/> Yes <input type="radio"/> No	How Long?
Have you studied English as a foreign language or as a second language?	<input type="radio"/> Yes <input type="radio"/> No	How many hours of instruction?
Have you used French as the primary language of communication at work?	<input type="radio"/> Yes <input type="radio"/> No	How Long?
Have you used French as the primary language of communication at school?	<input type="radio"/> Yes <input type="radio"/> No	How Long?
Have you studied French as a foreign language or as a second language?	<input type="radio"/> Yes <input type="radio"/> No	How many hours of instruction?

PART 2 - NOMINEE INFORMATION (continued)

Family Information

List your immediate family members (spouse or common-law partner and dependent child(ren) 18 years of age or younger) whom you wish to bring with you:

Name	Relationship to You	Date of Birth - YY/MM/DD

List any relatives currently living in Canada:

Name	Relationship to You	City and Prov/Territory	Length of Residency

Settlement Funds

As a general rule, nominees are required to provide proof of sufficient settlement funds. Nominees are required to have \$10,000 plus \$2,000 for each accompanying dependent.

Assets		Debts	
List the value of your liquid assets in Canadian dollars.		List the amount of loans and other financial obligations, including mortgages, fees owing to lawyers or consultants, alimony and child support payments in Canadian dollars.	
Cash	\$	Home Mortgage	\$
Real Estate	\$	Personal Loan	\$
Investments	\$	Lawyer/Consultant Fees	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
Total: \$		Total: \$	

If you cannot demonstrate sufficient funds of your own, the NWT Nominee Program may accept an affidavit of support, including a declaration of financial support from a close relative in the NWT. Please provide the name of the person who will support you and what their relationship is to you.

Name of Support Person	
Address	
Length of Residency in the NWT	Relationship to You

Note: A formal declaration will need to be completed and will be provided to you once your application is reviewed.

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

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I authorize the Government of the Northwest Territories (GNWT) to share information relating to my application with Human Resources and Skills Development Canada and Citizenship and Immigration Canada and any other federal/provincial/territorial departments and their agencies, as well as municipal governments, unions and associations and other appropriate organizations as deemed appropriate by the GNWT for the purposes of administering the program, including the processing of my application and for the purposes of program evaluation.

Name of Nominee - Please Print

 x
Nominee's Signature

Date - YY/MM/DD

NOMINEE DECLARATION

I declare:

- I intend to live in the Northwest Territories on a permanent basis.
- I intend to accept the employment offer in Part 1 of this application.
- I agree to sign a Memorandum of Understanding that outlines my responsibilities under the NWT Nominee Program.
- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point which was not clear to me.

Name of Nominee - Please Print

 x
Nominee's Signature

Date - YY/MM/DD