

Please visit our website to ensure that you are using the current version of this form:
www.WelcomeBC.ca/PNP

Reset Form

The personal information on this form is collected by the Province of British Columbia (the "Province") for the purposes of administering, and assessing applications under, the British Columbia Provincial Nominee Program (the "BC PNP"), as authorized by section 8 of the Provincial Immigration Programs Act and under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, you may contact an Information Officer of the BC PNP by telephone: (604) 775-2227, by email: PNPInfo@gov.bc.ca or in person at: Suite 450 – 605 Robson Street, Vancouver BC.

- Please complete all sections and required fields. Handwritten forms are not accepted.

1. Prospective Employee Information				
EMPLOYEE'S FAMILY NAME(S)		EMPLOYEE'S GIVEN NAME(S)		
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>		
2. Company / Organization Information ("Employer"):				
LEGAL NAME OF COMPANY / ORGANIZATION		OPERATING NAME (IF DIFFERENT FROM LEGAL NAME)		
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>		
MAILING ADDRESS	CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL CODE
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)	CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL CODE
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
EMPLOYER CONTACT FAMILY NAME(S)	EMPLOYER CONTACT GIVEN NAME(S)	TITLE	EMPLOYER CONTACT PHONE NUMBER	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
EMPLOYER CONTACT EMAIL	COMPANY WEBSITE	NUMBER OF FULL-TIME-EQUIVALENT EMPLOYEES IN B.C.		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
YEAR COMPANY ESTABLISHED IN B.C.	IDENTIFY THE COMPANY'S ECONOMIC SECTOR:			
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>			
COMPANY LEGAL STRUCTURE:	<input type="checkbox"/> INCORPORATED IN B.C.	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/> EXTRA-PROVINCIALY REGISTERED IN B.C. (INCLUDES FEDERALLY INCORPORATED COMPANIES)	
INCORPORATION / REGISTRATION NUMBER:	<input style="width:95%;" type="text"/>	<input type="checkbox"/> OTHER, PLEASE SPECIFY:	<input style="width:95%;" type="text"/>	
3a. Job Offer Information				
JOB TITLE	HOURLY WAGE	ANNUAL WAGE	HOURS WORKED PER WEEK	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
WORK LOCATION 1 ADDRESS WHERE THE EMPLOYEE WILL BE WORKING	CITY/TOWN	POSTAL CODE	PHONE NUMBER	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
WORK LOCATION 2 ADDRESS WHERE THE EMPLOYEE WILL BE WORKING (IF APPLICABLE)	CITY/TOWN	POSTAL CODE	PHONE NUMBER	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
3b. BC PNP Tech - Complete this section if the offered position is an eligible tech occupation:				
IS THE JOB OFFER INDETERMINATE (PERMANENT)?	IF NO, DESCRIBE WHY THE POSITION YOU ARE OFFERING IS NOT AN INDETERMINATE POSITION:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:95%;" type="text"/>			
IF NO, INDICATE THE EMPLOYMENT END DATE (DD-MMM-YYYY)	<input style="width:95%;" type="text"/>			

3c. Position Details:

Is this a new position? Yes No Is this position covered under a Collective Bargaining Agreement? Yes No If yes, which union?

Number of employees currently working in this occupation and location: Number of current vacancies in this occupation and location:

Number of employees, in this occupation and at this location, whose employment was terminated in the last 12 months: Number of employees in this occupation and location, who are currently laid off:

Are there any language requirements other than English or French for the position? Yes No

If yes, describe why the language is required for the position:

Has the company been refused a Labour Market Impact Assessment for this position, or similar positions, from Service Canada in the last year? Yes No

If yes, explain the reason(s) why Service Canada refused the Labour Market Impact Assessment:

Does the employee meet the necessary B.C. certification, licensing or registration required for the job? Yes No N/A

If yes, describe what certification, licensing or registration they require and provide this evidence at the time of application:
If no, describe how this requirement will shortly be met:

4. Recruitment Summary:

Has active recruitment taken place in Canada for this position? Yes No Total number of applicants for this position: How many days did you formally recruit to fill this position?

Describe the recruitment activities (type, location and duration of advertisements, interviews, etc.) that led to this job offer, including how you first came to know about this applicant. For an applicant already working for you, or for an applicant who was promoted to this position from within your business, please describe the recruitment activities that led to the initial hiring, including how you first came to know about this applicant:

As the employer, the onus is on you to demonstrate that the job offer is bona fide. Provide details regarding why you offered the position to this applicant. If you have offered the applicant a supervisory or management position, provide details regarding what experience the applicant previously obtained that convinced you that the applicant was qualified for the supervisory or management position:

Explain why the recruitment effort was unsuccessful in hiring a Canadian worker:

Employers supporting applications to the BC PNP must meet all employer requirements, including having a physical presence in B.C., and following all local laws and regulations. These include, but are not limited to, the following employment, labour, immigration, health, and safety laws and regulations:

[Employment Standards Act of BC](#)
[Wage Statements](#)
[Payment of Overtime](#)
[Entitlement to Statutory Holidays](#)
[Statutory Holiday Pay](#)
[Entitlement to Vacation](#)
[Vacation Pay](#)
[No Excessive Hours of Work](#)

[Canada Labour Code](#)
[Entitlement to Vacation](#)
[Payment of Wages](#)
[Deductions from Wages](#)
[Hours of Work](#)
[General Holidays](#)

Other important laws and regulations:
[Workers Compensation Act of British Columbia](#)
[Immigration and Refugee Protection Act](#)
[Human Rights Code of British Columbia](#)
[Canadian Human Rights Act](#)

5. EMPLOYER'S DECLARATION:

I declare that I have the legal authority to sign this form on behalf of the Employer and the consent of the company to support this BC PNP application, including any and all requirements of hiring a foreign worker.

I declare that the information I have given in this application is truthful, complete and correct.

I understand that in relation to employees' applications to the BC PNP, the Province of British Columbia may collect employees' personal information, both from me and from third parties, and may also use and disclose such personal information, for the purposes outlined in section 8 of the *Provincial Immigration Programs Act*, including for administering the BC PNP and assessing the related BC PNP application(s), or as otherwise authorized under any other applicable legislation.

Effective on the date I submit this form, I provide my authorization and consent as follows:

1. In addition to the purposes listed above, the Province may also use and disclose, both inside and outside of Canada, information about the Employer that it has collected in relation to this BC PNP application for the purposes of:
 - a. ensuring compliance with applicable laws (other than the *Immigration and Refugee Protection Act* (Canada)); and
 - b. cooperating with other provinces for the purpose of evaluating the BC PNP and permitting other provinces to evaluate applications to that province's PNP, verifying information provided by me in an application to that province's PNP, and administering the PNP of that province.
2. The Province may collect information about the business and non-identifiable information about the Employer's other employees, from me or from third parties, for the purposes listed in section 1 above.
3. This authorization and consent will not expire.

I am aware of and in compliance with the legislation and regulations pertaining to the Employer operating in B.C.

I understand that employees' applications may be refused if the BC PNP is not satisfied that the Employer is in compliance with the applicable legislation and regulations.

I have read and understood the [British Columbia Provincial Nominee Program Skills Immigration Program Guide](#) and all statements contained above. I have asked for and obtained explanations on any points that were not clear to me.

I understand that if I am found by the Director of Provincial Immigration Programs to have made any misrepresentation, false statement and/or concealment of information in this form or in any of my communications with the BC PNP, the BC PNP may decline the employee's application, or if applicable, cancel the employee's nomination. Further, if the Employer is found to have made a misrepresentation, the BC PNP may refuse to accept future applications from applicants that the Employer is supporting for a period of up to 2 years, as per section 5(b) of the *Provincial Immigration Programs Regulation*.

EMPLOYER AUTHORIZED SIGNING OFFICER'S INFORMATION:

FAMILY NAME(S)	GIVEN NAME(S)	TITLE
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Date Signed (DD-MMM-YYYY)

 Handwritten Signature of Employer Authorized Signing Officer