

APPLICATION FOR A LABOUR MARKET OPINION (LMO) SEASONAL AGRICULTURAL WORKER PROGRAM (SAWP)

Personal Information Collection Statement

The information you provide on this request for a Labour Market Opinion (LMO) form is collected by *Human Resources and Skills Development Canada* (HRSDC) under the authority of the *Immigration and Refugee Protection Act* and *Regulations*, for the purpose of providing a Labour Market Opinion (LMO) in accordance with these statutes. Completion is voluntary; however, failure to complete this form will result in your request for an LMO not being processed.

The information you provide may be shared with Citizenship and Immigration Canada (CIC) for the administration and enforcement of the *Immigration and Refugee Protection Act* (IRPA) and *Regulations* (IRPR) as permitted by the *Department of Human Resources and Skills Development Act* (DHRSD Act), and may be accessed by the Canada Border Services Agency (CBSA) for the purpose of issuing work permits at Ports of Entry. HRSDC may also provide information to CBSA in order for that agency to investigate and enforce the IRPA and IRPR in relation to an LMO.

The information may also be shared with Provincial/Territorial governments for the purpose of administration and enforcement of provincial/territorial legislation, including employment standards and occupational health and safety legislation, as permitted by the DHRSD Act. The information may also be used by HRSDC for policy analysis, research and evaluation in relation to the entry and hiring of foreign workers to Canada or the IRPA.

The information you provide is administered under Part 4 of the DHRSD Act and the *Privacy Act*. You have the right to access and request correction of your personal information, which is described in Personal Information Bank PPU 440 of Info Source. Instructions for making formal requests are outlined in the Info Source publication available online at infosource.gc.ca.

EMPLOYER INFORMATION			
Check one:			
<input type="checkbox"/> Direct Arrival (Initial request for SAWP worker(s) from abroad)	<input type="checkbox"/> Direct Replacement (Request to replace worker(s) who returned home prior to the expected departure date)	<input type="checkbox"/> Double Arrival (Request where worker(s) go home and return to the same employer in the same program year)	
<input type="checkbox"/> Double Transfer (Request for worker(s) to transfer back to original employer from a second employer)	<input type="checkbox"/> Replacement Transfer (Request to replace worker(s) from within Canada)	<input type="checkbox"/> Transfer (Request to transfer worker(s) from one employer to another within Canada) Original System File # _____ or Original Employer: _____	
<input type="checkbox"/> Check box to indicate that substitute workers WILL NOT be accepted in situations where previously identified workers are not available.			
NOTE: TFWs cannot be transferred to another employer or shared without approval as per the SAWP policy. Transferring or sharing TFWs informally contravenes to sections 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.			
1. Employer ID # (if applicable)	2. Canada Revenue Agency Business Number (First 9 digits are mandatory for Canadian Employers)	3. Employer Business Name	
4. Employer Legal Name		5. Employer Mailing Address (including location as determined by the 911 system)	
6. City	7. Province/State	8. Country	9. Postal/Zip Code
10. Business Telephone Number		11. Employer Business Address (if different than mailing address)	
12. City	13. Province/State	14. Postal/Zip Code	15. Country
16. Website Address			17. Date Business Started (yyyy-mm-dd)
18. Describe the main business activity:			

19. <u>Primary</u> Contact Name First Middle Last			20. Job Title		
21. Telephone Number Extension		22. Alternative Telephone Number (e.g. cell phone) Extension		23. Fax Number	
24. E-mail Address				25. Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
Alternative Contact (please note that if you designate an alternate contact, he/she assumes responsibility for the business for the purpose of applying for a Labour Market Opinion with HRSDC)					
26. Contact Name First Middle Last			27. Job Title		
28. Telephone Number Extension		29. Alternative Telephone Number (e.g. cell phone) Extension		30. Fax Number	
31. E-mail Address				32. Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
BUSINESS DETAILS					
33. Total # of <u>Canadian</u> seasonal agricultural workers employed: This year/season Last year/season			34. Total # of <u>Foreign</u> seasonal agricultural workers requested: This year/season Last year/season		
35. If the number of workers, which includes Canadian citizens, permanent residents and TFWs is different from last year/season, explain:					
36. Only answer this question if you employed a temporary foreign worker in the last two years. Did you provide all temporary foreign workers employed by you in the last two years with wages, working conditions and employment in an occupation that were substantially the same as those that were described in the job offer(s)? <input type="checkbox"/> Yes, I have provided all temporary foreign workers employed by me in the last two years with substantially the same wages, working conditions, and occupation as described in the job offer(s). <input type="checkbox"/> No, I have not provided all temporary foreign workers employed by me in the last two years with substantially the same wages, working conditions, and occupation as described in the job offer(s).					
37. List crops / commodities, acreage and method harvested:					
Crop/Commodity		Acreage		Method Harvested	
				<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Hand harvested <input type="checkbox"/> Job does not require harvesting	
				<input type="checkbox"/> Fully automated <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Hand harvested <input type="checkbox"/> Job does not require harvesting	
*THIRD PARTY INFORMATION (if applicable)					
* If you are a third party representative acting on behalf of an employer, written authorization from the employer to act on his/her behalf is required. Employers who wish to have third party representation must fill out and sign the "Appointment of Representative" section included in this application. HRSDC/Service Canada reserves the right to contact the employer directly if necessary.					
38. Third Party ID # (if applicable)		39. Canada Revenue Agency Business Number (First 9 digits are mandatory for Canadian Employers)		40. Third Party Business Name	
41. Third Party Legal Name			42. Third Party Mailing Address (including location as determined by the 911 system)		
43. City		44. Province/State		45. Country	46. Postal/Zip Code

75. Deductions

Transportation costs: Deduction from the TFW's pay (applicable in all provinces except in British Columbia) as per the SAWP employment contract.

Total deduction: \$ _____. Per pay: \$ _____. Check box if work location is in British Columbia

Amount for coming year to be provided to HRSDC/Service Canada by (yyyy-mm-dd): _____

Accommodation costs: Deduction from the TFW's pay (applicable in British Columbia only) as per the SAWP employment contract.

Total deduction: \$ _____. Per pay: \$ _____. Check box if work location is in a province/territory other than British Columbia

Amount for coming year to be provided to HRSDC/Service Canada by (yyyy-mm-dd): _____

Utility costs: Daily deduction from the TFW's pay (applicable only in provinces authorizing this deduction) as per the SAWP employment.

contract: \$ _____. Check box if not applicable

Amount for coming year to be provided to HRSDC/Service Canada by (yyyy-mm-dd): _____

NOTE: TFWs must work for a minimum of 4 hours in any given day in order to be subject to this deduction.

Meals costs: Daily deduction from the TFW's pay: \$ _____, and number of daily meals provided _____. Check box if not applicable

Health insurance costs (Great-West Life Assurance Company):

Daily deduction from the TFW's pay: \$ _____ (applicable for Mexican TFW's only). Check box if not applicable

Work permit processing fee: Deduction from the TFW's pay (applicable for Mexican TFWs only) as per the SAWP employment contract.

Total deduction: \$ _____. Per pay: \$ _____. Check box if not applicable

For Caribbean TFWs, this deduction is done within 30 days after their arrival in Canada through the 25% remittance to the foreign Government.

Quebec Certificate of Acceptance (CAQ) fee:

Total deduction from the TFW's pay as per the SAWP employment contract: \$ _____. If total amount is to be deducted from the final pay, check box

or indicate the amount to be deducted per pay: \$ _____. Check box if not applicable

76. Benefits:

Disability insurance Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment)

Dental insurance Pension Check box if not applicable

Vacation (if applicable):

Number of paid vacation days per year:

_____ or Remuneration: \$ _____ (% of gross salary)

as per provincial/territorial legislation.

Check box if not applicable

77. Other benefits (specify):

Check box if not applicable

Will you provide a weekly recognition payment of \$4, up to a maximum of \$128, to the TFW(s) you have employed for a period of 5 or more consecutive years? Yes No

78. Advertisement and Recruitment

Describe methods used to recruit Canadian citizens/permanent residents for this job :

Provide dates and duration of advertisements:

Job Bank (or provincial/territorial equivalent) Job number: _____

Results of recruitment efforts:

Total number of applications received from Canadian/permanent resident candidates: _____

Number of Canadian/permanent resident applicants interviewed: _____

Number of positions offered to Canadian/permanent resident applicants: _____

Number of job offers declined by Canadian/permanent resident applicants: _____

Number of Canadian/permanent resident applicants who did not qualify for the job and reasons:

NOTE: Supporting documentation such as advertisements in local and national newspapers, or on recognized Internet job sites, and in professional publications, recruitment drives, as well as proof of participation in job fairs, etc., may be requested by HRSDC/Service Canada.

79. Is the position part of a union?
 No Yes If yes, what is the name of the union and the local?
 Has the union been consulted about the hiring of a temporary foreign worker?
 No If no, please explain:

 Yes If yes, what is the position of the union? Provide details and documents, if available:

80. Is there a labour dispute in progress?
 No Yes If yes, please provide details:

81. Seasonal Housing Approval (If prior year is attached, proof of housing for the current year must follow as soon as it is available):
 Proof of Seasonal Housing Inspection:
 Prior or current year attached or Previous year's inspection attached and current year to follow by _____ (yyyy-mm-dd)
 (NOTE: current year's inspection must be submitted as soon as possible)

 Employers must provide TFWs with free suitable housing (except for British Columbia) either on-farm (e.g. bunkhouse) or off-site (e.g. commercial establishment). A copy of the signed contract between the employer and the facility is required for off-site housing (except in cases where the employer is the owner of the dwelling).

 Employers must provide proof that the on-farm or off-site housing has been inspected by the appropriate provincial/municipal body or by an authorized private inspector with appropriate certifications from the relevant level of government. As proof, employers can submit a copy of the housing inspection report from the previous year, with an expected date for the current year.

82. Physical address of housing provided to the TFWs (including location as determined by the 911 system):

83. City	84. Province
----------	--------------

85. Physical address of a second housing provided to the TFWs (including location as determined by the 911 system), if applicable:

 NOTE: Addresses of additional housing provided to the TFWs must be provided on a separate sheet.

86. City	87. Province
----------	--------------

88. Arrival Dates for SAWP Workers with this Job Title			
Number of <u>Named</u> Workers	Number of <u>Unnamed</u> Workers (if applicable)	Requested Arrival Date (yyyy-mm-dd)	Anticipated Departure Date (yyyy-mm-dd)

Important Notes:
 - Workers are hired according to the current year's Seasonal Agricultural Worker Program policies and contract terms..
 - It is the responsibility of the employer to sign a copy of the current employer-employee contract for the employment of SAWP workers in Canada. Employer must submit a copy of the contract to Service Canada with this application.

TEMPORARY FOREIGN WORKER INFORMATION (if available)

Add the names of the TFWs hired on a separate sheet or on the page entitled Annex A - TEMPORARY FOREIGN WORKER INFORMATION found on this application. If the names of the TFWs have not been identified yet, leave this section blank.

NOTE:

HRSDC/Service Canada must be provided with the names of the TFWs hired within 2 months after their arrival in Canada.

TFWs have 6 months from the date of issuance of the positive LMO letter to submit their work permit applications to CIC.

89. Family Name as Shown on the Passport

90. First Name(s) as Shown on the Passport

91. Gender

Male Female

92. Date of Birth (YYYY-MM-DD)

93. Location of Residence Outside Canada:

City:

Country:

94. Citizenship(s)

95. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status:

City:

Province:

Visitor

Temporary foreign worker

DECLARATION

I am an unincorporated employer, sole proprietor or partnership.

YES

NO

Check each box to declare that you comply (or will comply) with the statements below:

- I will provide any TFW employed by me with wages, working conditions, and employment in an occupation that are substantially the same as those described in the labour market opinion (LMO) confirmation letter, annex and employment contract.
- I signed the employment contract outlining wages, duties, and conditions related to the transportation, accommodation and health and occupational safety of the TFW. This contract will also be signed by the TFW upon his/her arrival to Canada. It accurately represents the actual terms and conditions of employment that I intend to provide to the TFW.
- I will keep a copy of the contract signed by me, as employer, and the TFW. In case of any changes to the wages or payroll deductions throughout the season, I will modify the original contract and sign it. I will also provide the TFW with a signed copy of the original and other modified contracts.
- I agree to pay the air transportation costs as stipulated in the SAWP Employment contract. In all provinces except British Columbia, a part of this cost can be deducted from the TFW's wage, up to a maximum amount, as stipulated in the employment contract.
- I will pay upfront the fees for the TFW's work permit.
- I will pay upfront the Great-West Life medical insurance coverage for TFWs from Mexico only. I will also deduct this amount from the TFW's wage, as stipulated in the employment contract.
- I agree to periodically review and adjust the TFW's wage according to the National Commodities List posted on the TFWP Web site at: hrsdc.gc.ca/eng/workplaceskills/foreign_workers/commodities.shtml. This is to ensure that the TFW continues to receive the prevailing wage rate according to the occupation and region where he/she is employed.
- I will provide free housing to the TFW in all provinces, except in British Columbia, where a part of this cost can be deducted from the TFW's wage, up to a maximum amount, as stipulated in the employment contract.
- I submitted to Service Canada an accurate housing inspection report provided by the appropriate provincial or municipal body, or by a private inspection company.
- I agree to follow the TFW transfer directives, as stipulated in the employment/transfer contract, when a TFW is transferred between SAWP employers.
- I will immediately inform Service Canada staff and the foreign Government Agent of any subsequent changes related to the TFWs' terms and conditions of employment, as described in the LMO confirmation letter, annex and employment contract.
- I am in good standing with the applicable workers' compensation program and I will register the TFW under the appropriate provincial/territorial workers' compensation / workplace safety insurance plans, where available, or purchase a personal for free, on-the-job-injury or illness insurance that provides the TFW with a protection equivalent to the one offered by the applicable provincial/territorial law.
- I am compliant with, and agree to continue to abide by, the relevant federal/provincial/territorial laws that regulate employment in the occupation specified and, if applicable, the terms and conditions of any collective agreement in place. I recognize that any terms and conditions of the attached employment contract are considered null and void if they are less favourable to the TFW than the standards stipulated in the relevant *Labour Standards Act*.

SIGNATURE OF EMPLOYER

I have read and I understand the Personal Information Collection Statement found at the beginning of this application.

I declare that the information provided in this application is true and accurate.

Signature of Employer

Name of Employer (Please Print)

Title of Employer

Date (YYYY-MM-DD)

SIGNATURE OF THIRD PARTY (if applicable)

I declare that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Third Party Representative

Name of Third Party Representative (please print)

Date (YYYY-MM-DD)

INFORMATION FOR EMPLOYERS

Employers in all provinces/territories (except those in Quebec) or their third-party representatives, must submit the completed application and required supporting documentation to the Service Canada Centre of Specialization at:

**Service Canada Centre
Seasonal Agricultural Worker Program Centre of Specialization
5 Queensway East
Simcoe, ON N3Y 5K2**

Fax: 519-426-0362 or
Fax (toll free): 1-855-221-1601
Telephone (toll free): 1-866-431-7297

Employers in the Province of Quebec, or their third-party representatives, must submit the completed application and required supporting documentation to:

**Service Canada
Temporary Foreign Worker Program
1001 de Maisonneuve Boulevard East
4th floor
Montreal, QC H2L 5A1**

Fax: 514-877-3680
Telephone: 514-877-0022
Telephone (toll free): 1-(866)-840-0222

The employer will be notified of the decision after the application has been assessed.

Annex A – ADDITIONAL TEMPORARY FOREIGN WORKER INFORMATION

96. Family Name as Shown on the Passport		97. First Name(s) as Shown on the Passport	
98. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	99. Date of Birth (YYYY-MM-DD)	100. Location of Residence Outside Canada: City: Country:	101. Citizenship(s)
102. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status: City: _____ Province: _____ <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary foreign worker			
103. Family Name as Shown on the Passport		104. First Name(s) as Shown on the Passport	
105. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	106. Date of Birth (YYYY-MM-DD)	107. Location of Residence Outside Canada: City: Country:	108. Citizenship(s)
109. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status: City: _____ Province: _____ <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary foreign worker			
110. Family Name as Shown on the Passport		111. First Name(s) as Shown on the Passport	
112. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	113. Date of Birth (YYYY-MM-DD)	114. Location of Residence Outside Canada: City: Country:	115. Citizenship(s)
116. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status: City: _____ Province: _____ <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary foreign worker			
117. Family Name as Shown on the Passport		118. First Name(s) as Shown on the Passport	
119. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	120. Date of Birth (YYYY-MM-DD)	121. Location of Residence Outside Canada: City: Country:	122. Citizenship(s)
123. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status: City: _____ Province: _____ <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary foreign worker			
124. Family Name as Shown on the Passport		125. First Name(s) as Shown on the Passport	
126. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	127. Date of Birth (YYYY-MM-DD)	128. Location of Residence Outside Canada: City: Country:	129. Citizenship(s)
130. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status: City: _____ Province: _____ <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary foreign worker			
131. Family Name as Shown on the Passport		132. First Name(s) as Shown on the Passport	
133. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	134. Date of Birth (YYYY-MM-DD)	135. Location of Residence Outside Canada: City: Country:	136. Citizenship(s)
137. If the temporary foreign worker is currently in Canada, please provide the location (City and Province) and their immigration status: City: _____ Province: _____ <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary foreign worker			