

## APPLICATION FOR A LABOUR MARKET OPINION (LMO) FOREIGN LIVE-IN CAREGIVER

### 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 <http://infosource.gc.ca>.

**FILL OUT THIS APPLICATION ONLY IF** you are an employer (or an authorized third party) who has made an offer of employment to a foreign live-in caregiver. Please note the regulatory requirement for a signed employment contract with the foreign live-in caregiver. (A sample contract can be found on the Service Canada site at <http://www.servicecanada.gc.ca/cgi-bin/search/eforms/index.cgi?app=prfl&frm=emp5498&ln=eng>). Information on this form should match information on the employment contract.

In completing this form, please keep in mind the definition of a live-in caregiver as stated in the *Immigration and Refugee Protection Act* and *Regulations*:

A "live-in caregiver" means a person who resides in and provides child care, senior home support care or care of the disabled without supervision in the private household in Canada where the person being cared for resides.

EMPLOYER # 1 INFORMATION			
1 Employer ID # (if applicable)	2 Canada Revenue Agency Business Number	3 Name: Given Names(s) <span style="float: right;">Last Name</span>	
4 Home Telephone Number	5 Work Telephone Number	6 Address : Number/Street/PO Box#	
7 City	8 Province	9 Postal Code	10 E-mail Address
11 Fax Number	12 If applicable, for all foreign live-in caregivers employed in the past five (5) years, have you provided them 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 <input type="checkbox"/> No		13 Preferred Official Language of Correspondence  <input type="checkbox"/> English <input type="checkbox"/> French
EMPLOYER # 2 INFORMATION (if applicable)			
14 Employer ID # (if applicable)	15 Canada Revenue Agency Business Number	16 Name: Given Names(s) <span style="float: right;">Last Name</span>	
17 Home Telephone Number	18 Work Telephone Number	19 Address : Number/Street/PO Box#	
20 City	21 Province	22 Postal Code	23 E-mail Address
24 Fax Number	25 If applicable, for all foreign live-in caregivers employed in the past five (5) years, have you provided them 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 <input type="checkbox"/> No		26 Preferred Official Language of Correspondence  <input type="checkbox"/> English <input type="checkbox"/> French



DISPONIBLE EN FRANÇAIS - EMP 5093F

**ALTERNATE CONTACT PERSON  
(Spouse, Common-Law-Partner, Other Relative, if applicable)**

27 Given Name(s)	28 Last Name	29 Telephone Number
------------------	--------------	---------------------

**\* THIRD PARTY INFORMATION (if applicable)**

30 Third Party ID # (if applicable)	31 Canada Revenue Agency Business Number	32 Third Party Business Name	
33 Third Party Representative Authorize to Act on Behalf of the Employer Given Name(s) Last Name		34 Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
35 Address: Number/Street/PO Box#		36 City	
37 Province	38 Country	39 Postal Code	40 Telephone Number Extension
41 Fax Number	42 E-mail Address		

\* 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" page attached to this form and submit it with this application. HRSDC/Service Canada reserves the right to contact the employer directly if necessary.

**JOB OFFER INFORMATION**

43 Expected Employment Duration \_\_\_\_\_ month **Or** \_\_\_\_\_ years

44 Provide a rationale for the job offer you are making to the foreign live-in caregiver (s) and explain how this will meet your employment needs:

45 Relationship of employer to person who will receive care	The foreign live-in caregiver must provide care for at least one designated individual. A designated individual is defined as: a child (under 18), an elderly person (65 or older), or a person with a disability.  Details of individuals to be cared for are as follows:		
	Child care <input type="checkbox"/>	Care of elderly person <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>
	Child care <input type="checkbox"/>	Care of elderly person <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>
	Child care <input type="checkbox"/>	Care of elderly person <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>
	Child care <input type="checkbox"/>	Care of elderly person <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>
	Child care <input type="checkbox"/>	Care of elderly person <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>

46 Location where care will be provided and where foreign live-in caregiver will reside:

Address : \_\_\_\_\_ City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Note: To meet the regulatory requirement of the live-in caregiver program the foreign live-in caregiver's main duties must involve care of a designated individual.*

47 Describe the main duties of the job (including personal care for the designated individual, as well as other duties such as meal preparation, shopping, driving, housekeeping, etc.):

**A foreign live-in caregiver is required to have a high school education.  
A foreign live-in caregiver is required to have the ability to both speak and write in at least one of the official languages.**



48 Language requirements:

Oral:  English  French  Other      Written:  English  French  Other

If Other, please explain

49 Wage in Canadian Dollars and Number of Work Hours

_____ \$ per hour	_____ \$ per month	Number of hours per day _____	Number of hours per week _____	Total Number of hours per month _____	Overtime hour rate of _____ \$ starts after _____ hours of work per week
-------------------	--------------------	-------------------------------	--------------------------------	---------------------------------------	--

50 Benefits:	51 Other Benefits (specify):
<input type="checkbox"/> Disability insurance <input type="checkbox"/> Extended medical insurance (i.e. prescription drugs, paramedical services, medical services and equipment ...) <input type="checkbox"/> Dental insurance <input type="checkbox"/> Pension	

52 Accommodation Charges (does not apply in Quebec)	53 Meal Charges (if not already included in accommodation charges):	54 Private Furnished Accommodation with Lock Provided?
\$ _____ per - <input type="checkbox"/> Week <input type="checkbox"/> Month	\$ _____ per - <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No

55 Number of Paid Sick Leave Days Per Year:	56 Number of Paid Vacation Per Year - in days: _____ Or Percentage: _____	57 Number of Days Off Per Week
---	--	--------------------------------

58 Have you attempted to recruit Canadians citizens/permanent residents for this job?

Yes If yes, please provide details of your recruitment efforts and the results.

- If you posted your job offer on Job Bank, please provide the Job Bank Order Number: \_\_\_\_\_

(Attach supporting documentation such as advertisements in local newspapers, information on the qualifications of Canadian citizens/permanent residents applicants and why they were rejected)

No If no, please explain:

**FOREIGN LIVE-IN CAREGIVER INFORMATION**

59 Name of Foreign Live-in Caregiver	60 Gender
Surname (family name) as Shown on the Passport      Given Name(s) as Shown on the Passport	<input type="checkbox"/> Male <input type="checkbox"/> Female

61 Date of Birth (YYYY-MM-DD)	62 Location of Residence Outside Canada City _____ Country _____	63 Citizenship
-------------------------------	---	----------------

64 If the Foreign Live-In Caregiver is currently in Canada, please indicate his/her location (City and Province) and immigration status:

Temporary Foreign Worker (Foreign Live-In Caregiver)       Temporary Foreign Worker (Not Foreign Live-In Caregiver)       Refugee Claimant       Visitor       Foreign Student

**I/we declare that I/we comply with the following statements:**

I/we will provide any foreign Live-In Caregiver employed by me/us with wages, working conditions and employment in an occupation that are the same as those described in the Labour Market Opinion confirmation letter, annex and employment contract.

I/we signed the employment contract containing all the provisions required by the Live-In Caregiver Program. This contract accurately represents the actual terms and conditions of employment that I/we intend to provide to the foreign Live-In Caregiver.

I/we will review and adjust the foreign Live-In Caregiver's wages to ensure they meet or exceed the current prevailing wage (as per HRSDC web site).

I/we will immediately inform Service Canada/Temporary Foreign Worker Program officers of any subsequent changes related to the foreign Live-In Caregiver's terms and conditions of employment, as described in the Labour Market Opinion confirmation letter, annex and employment contract.

I/we will pay all recruitment costs related to the hiring of the foreign Live-In Caregiver and will not recoup, directly or indirectly, any of these costs from the worker.

- I/we will pay full transportation costs for the foreign Live-In Caregiver to travel to Canada and/or to the location of work (i.e. where care will be provided) and will not recoup, directly or indirectly, any of these costs from the worker.
- I/we will provide the foreign Live-In Caregiver with medical coverage at least equivalent to provincial/territorial health care coverage until the foreign Live-In Caregiver is eligible for provincial/territorial health care insurance coverage (where applicable).
- I/we will provide a suitable furnished private room with a lock that provides adequate and suitable living and sleeping facilities to the foreign Live-In Caregiver.
- I/we am/are in good standing with the applicable workers' compensation program and will register the foreign Live-In Caregiver 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 foreign Live-In Caregiver with a protection equivalent to the one offered by the applicable provincial/territorial law.
- I/we am/are compliant with, and agree to continue to abide by the relevant federal/provincial/territorial laws that regulate employment in the occupation specified. I/we recognize that any terms and conditions of the attached employment contract are considered null or void if they are less favourable to the foreign Live-In Caregiver than the standards stipulated in the relevant *Labour Standards Act*.
- I/we am/are compliant with, and agree to continue to abide by federal/provincial/territorial legislation related to the foreign Live-In Caregiver's recruitment applicable in the jurisdiction where the job is located. I/we declare that all recruitment done or that will be done on my/our behalf by a third party, was or will be done in compliance with federal/provincial/territorial laws governing recruitment. I/we am/are aware that I/we will be held responsible for the actions of any person recruiting foreign Live-In Caregiver on my/our behalf.

**DECLARATION OF EMPLOYER**

I understand that following the confirmation of my Labour Market Opinion and the issuance of a work permit to a foreign national, Human Resources and Skills Development Canada (HRSDC) and/or Service Canada may contact me to verify that I have upheld the terms of employment as set out in the Labour Market Opinion confirmation letter and associated annex and that information collected by HRSDC and Service Canada may be shared with federal and provincial/territorial government bodies to enforce federal and provincial/territorial law where our authorities permit as stated in the Personal Information Collection Statement.

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 # 1

\_\_\_\_\_  
Printed Name of Employer # 1

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

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

\_\_\_\_\_  
Printed Name of Employer # 2 (if applicable)

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

**SIGNATURE OF THIRD PARTY REPRESENTATIVE**

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

\_\_\_\_\_  
Signature of Third Party Representative

\_\_\_\_\_  
Printed Name of Third Party Representative

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

**INFORMATION FOR EMPLOYERS**

Please forward this application with the required supporting documents to the Service Canada Center in Ontario, responsible for processing Foreign Live-In Caregivers applications:

Service Canada  
Temporary Foreign Worker Program  
P.O. Box 6500  
Toronto LCD, Downsview A  
Toronto ON M3M 3K4

Fax: 416-954-3107 or 1-866-720-6094 (toll free)

Once the application is assessed, the employer(s) will be notified of the decision.



**APPOINTMENT OF REPRESENTATIVE**

To Human Resources and Skills Development Canada(HRSDC)/Service Canada:

**FOR THE PURPOSES OF AN APPLICATION FOR A FOREIGN LIVE-IN CAREGIVER.**

I, \_\_\_\_\_, residing at  
\_\_\_\_\_  
(name of employer)

\_\_\_\_\_  
(full address)

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

hereby appoint \_\_\_\_\_  
(name of representative and business name)

of \_\_\_\_\_  
\_\_\_\_\_  
(full address)

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

as my representative to act on my behalf in order to obtain from HRSDC/Service Canada a temporary employment confirmation of an offer of employment for  
\_\_\_\_\_  
(name of individual to whom employment has been offered)

I, hereby, agree to ratify and confirm all what my 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 HRSDC/Service Canada.

\_\_\_\_\_  
**Signature of Employer # 1**

\_\_\_\_\_  
**Printed Name of Employer # 1**

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

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

\_\_\_\_\_  
**Printed Name of Employer # 2 (if applicable)**

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

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Printed Name of Witness**

Personal information is administered in accordance with the *Privacy Act*. It will be retained in a Personal Information Bank HRDC PPU 440. Individuals have the right to access their personal information. For instructions, please consult the government publication *Info Source* found in Service Canada Centres and available at the following address: [www.infosource.gc.ca](http://www.infosource.gc.ca).



## Attestation of Identity Authentication

(To be completed and attached to the Live-in Caregiver Application.

*Please note that a second attestation is to be completed for the second employer, if applicable.)*

### **IMPORTANT**

- Read the "General Information and Instructions - Guarantor's Attestation".
- A guarantor's declaration is necessary for the employers submitting a request to Service Canada for a Labour Market Opinion.

I, the undersigned, certify that I have met with the individual whose information appears below in order to ascertain his/her identity.

In so doing, I have seen the original of the following identity document (please check one box):

- Birth Certificate
- Drivers Licence
- Provincial Health Card
- Passport

I therefore attest that:

(i) **Mr/Mrs** \_\_\_\_\_ has been identified herein;

(ii) The original of the identity documents used by Mr/Mrs \_\_\_\_\_  
to verify his/her identity are true and exact copies of the originals.

**Print name (First, Last):**

\_\_\_\_\_

**Profession:**

\_\_\_\_\_

**Licence # (if applicable):**

\_\_\_\_\_

**Address Number / Street / PO Box#:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Extension** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Guarantor's Signature:**

\_\_\_\_\_



## "General Information and Instructions - Guarantor's Attestation"

**Only people who hold the following positions can sign the Attestation of Identity Authentication <sup>1</sup>. Employers cannot authenticate their own identity documents. Service Canada employees cannot authenticate identity documents.**

- Medical doctor
- Minister of religion authorized under provincial law to perform marriages
- Notary public
- Dentist
- Optometrist
- Pharmacist
- Police officer (municipal, provincial, or RCMP)
- Postmaster
- Judge
- Lawyer (member of a provincial bar association)
- Notary in Quebec
- Magistrate
- Mayor
- Chief or Councillor of First Nations Band Council
- Council members of the Métis Settlements General Council, and members of the Saskatchewan Provincial Métis Council
- Executive Officer of Nunavut Tunngavik Inc.
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer Makivik (northern Quebec)
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Quebec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian
- Commissioner of Oaths

<sup>1</sup> If completed outside Canada, this form must be signed by a person authorized by law to administer an oath or solemn affirmation. A qualified official includes a Canadian or British diplomatic or consular representative, or a qualified local official.

