



Rural Community Immigration Pilot

Recommendation Application Form

**Community Futures North Okanagan
(including Community Futures Shuswap)
“CFNO”**

Acronym Glossary:

RCIP – Rural Community Immigration Pilot

EDO – Economic Development Organization

ECA – Educational Credential Assessment

IRCC – Immigration, Refugees and Citizenship Canada

IRPA – Immigration and Refugee Protection Act

IRPR – Immigration and Refugee Protection Regulations

SPO – Service Provider Organization

LMIA – Labour Market Impact Assessment

NOC – National Occupational Classification

TEER – Training, Education, Experience and Responsibilities

Employers must receive designation from the community to participate in the Rural Community Immigration Pilot. Once designated, employers must complete this application for recommendation, to be submitted to CFNO, for each Principal Applicant under the Rural Community Immigration Pilot.

SECTION A [EMPLOYER INFORMATION]

Legal Business Name

Primary Business Contact

Operating as

Email (Primary)

Telephone

Secondary Business Contact

Website

Email (Secondary, if applicable)

Address where the employee will work, including postal code

Corporate Registry

CRA Business Number

Business Establishment Date

Describe primary business activities of the company – Including products and services offered:

Current number of employees:

Full Time

Part Time

Employees on work permits

SECTION B [PRINCIPAL APPLICANT INFORMATION]

First Name of candidate: _____

Surname of candidate: _____

Date of birth (dd/mm/yyyy): _____

Preferred official language of Canada:

English French Both

Marital status: _____

Country of citizenship: _____ Country of birth: _____

Current address: _____

Phone number: _____ Email address: _____

Passport number: _____ Passport expiry date: _____

Is the candidate your relative or a relative of anyone in your company's management or ownership?

Yes No

Is the candidate a director, shareholder, or investor in your business?

Yes No

If yes to either of the above, explain the relationship and indicate the reason this person was hired for the job over other candidates:

If the candidate is a director, shareholder or investor, what percentage share do they hold in your business? _____

Principal Applicant's Dependent Information

For the purpose of permanent residence, dependent family members are defined as follows: spouse, common-law partner, dependent children, and spouse or common-law partner's dependent children.

	Name of Dependent	Date of Birth (dd/mm/yyyy)	Relationship	Current Country of Residence
1.				
2.				

3.				
4.				
5.				

SECTION C [ELIGIBILITY REQUIREMENTS]

1. Language

- Completed a language exam (IELTS General, CELPIP General, or PTE Core for English, TEF Canada or TCF Canada for French):
 - Yes No
- Select which language exam was taken by the candidate:
 - IELTS General:
 - CELPIP General:
 - PTE Core for English:
 - TEF Canada:
 - TCF Canada for French:
- Language Results - (please refer to [this link](#) for the CLB equivalency chart)

Category	Language Results	Canadian Language Benchmark Equivalency (CLB) Level
Reading		
Writing		
Listening		
Speaking		

- Reference Chart - Language requirement for the position:

Job Offer TEER Category	Language Requirement
TEER 0	CLB/NCLC 6
TEER 1	CLB/NCLC 6
TEER 2	CLB/NCLC 5
TEER 3	CLB/NCLC 5
TEER 4	CLB/NCLC 4
TEER 5	CLB/NCLC 4

Attach candidate language test result

2. Education

- Completed a secondary and/or post-secondary credential from a recognized Canadian institution: Yes No

If No,

- Completed a foreign educational credential and has obtained educational credential assessment (ECA) that demonstrates equivalence to Canadian secondary-school diploma or higher : Yes No

Attach candidate educational credential and ECA (if needed)

3. International Graduate from Community

The candidate may be considered an International Graduate from Community and requires no work experience. Supporting evidence is required to demonstrate that:

- the credential was awarded within 2 years of the application submission date,
- the candidate lived in the community for 16 months of the final 24 months of study, and
- the candidate was legally present during the study period.

Evidence includes:

- official transcript
- copy of student visa(s) for duration of study
- leases, utility bills, etc., attesting to residence in the community for duration of study.

Is the candidate an International Graduate from the community? Yes No

If Yes, name of post-secondary school: _____

4. Offer of Employment

Ensure that you have attached the following:

IMM 0247 (Offer of Employment to a Foreign National – RCIP)

Job Title:

NOC code:

TEER category:

It is important to note that the TEER category is the second number of the NOC code

5. Previous Relevant Work Experience

Except for International Graduates from the community, evidence is required to demonstrate at least 1,560 hours of experience spanning at least one year in an eligible TEER category or categories. In addition to filling the chart below, **include reference letter(s) naming the employer, job title, location, duration of employment, duties, and hours.**

	Duration (mm/yyyy)	Work Experience	Location
1.	From: To:	NOC: TEER:	Employer: City: Country:
2.	From: To:	NOC: TEER:	Employer: City: Country:
3.	From: To:	NOC: TEER:	Employer: City: Country:
4.	From: To:	NOC: TEER:	Employer: City: Country:
5.	From: To:	NOC: TEER:	Employer: City: Country:

Healthcare Exemption: If the candidate has work experience in NOC 31301 (Registered nurses and Registered Psychiatric Nurses – TEER 1), the job offer can be in one of the following categories:

- NOC 33102 (TEER 3): Nurse aides, orderlies and patient service associates

Yes No

or

- NOC 4401 (TEER 4): Home support workers, caregivers and related occupations

Yes No

6. Intent to Reside

Candidates are required to demonstrate their intention in living in the participating community.

Attach filled out intent to reside form written by candidate.

7. Settlement Funds

Candidate (if not currently working in Canada) has attested that they meet the settlement funds requirement in the IMM 0248 Schedule 1 – Rural Community Immigration Pilot: Yes No

SECTION D [COMMITMENT TO SETTLEMENT SUPPORTS]

Commitment to Settlement Supports: Designated employers commit to referring their newcomer employee(s) and their family members to relevant services in the community.

Designated employers must complete the mandatory intercultural competency training and refer their newcomer employee and their family to services in the community including a settlement service provider once they arrive.

Please indicate the name of the local settlement service provider you will refer your newcomer employee to upon arrival in the community: _____

In addition, please indicate 1-2 concrete actions you will undertake to create and foster a welcoming workplace and/or support your candidate and their accompanying family member(s) in settling into their new community (please see Recommendation Application Guidelines for more details):

SECTION E [MANDATORY RECRUITMENT ACTIVITIES]

1. Does the candidate have a valid work permit? Yes No
2. If yes, what type of work permit is held? Open Closed LMIA Closed LMIA-exempt
When does the work permit expire? Date: _____
3. Is the candidate currently working for you? Yes No

If yes to question 3 above , provide a copy of their valid work permit.

If no, complete the following:

4. How long was this position vacant?
 Weeks: _____ Months: _____ Years: _____

5a. How long has the position your candidate is filling been advertised for? What platforms were they posted on?

5b. If so, locally, nationally, or both? Locally Nationally Both

5c. Number of applicants who were Canadians or permanent residents? _____

5d. Number of interviews with Canadians or permanent residents? _____

5e. If there were multiple openings for this position, how many Canadians or permanent residents were hired? _____

6. State why the candidate's position could not be filled by a Canadian citizen or permanent resident. (This must include, but is not limited to, the number of applications received, and number of people interviewed).

7. Provide a copy of an advertisement(s) that predate the offer of employment.

	Location/Website	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	No. of applications
1.				
2.				
3.				

SECTION F [IMMIGRATION REPRESENTATIVE / RECRUITMENT AGENCY] * only to be filled if using an immigration representative/agency, if applicable

How did you learn about the candidate?

- | | | |
|---|--|--|
| <input type="checkbox"/> Employer Recruiting Activities | <input type="checkbox"/> Candidate-initiated contact | <input type="checkbox"/> Employer lawyer |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Listing on job site | <input type="checkbox"/> Professional link |
| <input type="checkbox"/> Listing on provincial job site | <input type="checkbox"/> Contacted by family member | <input type="checkbox"/> Other employees |

RECRUITER

If you used the services of a recruiter, complete the following:

Note: You are required to declare any assistance received, paid or unpaid.

Company name: _____

Recruiter first name: _____

Recruiter last name: _____

Phone number: _____

Email: _____

Website: _____

Mailing address, including postal code: _____

IMMIGRATION REPRESENTATIVE

If you used the services of an Immigration Representative, complete the following:

Note: You are required to declare any assistance received, paid or unpaid. A paid immigration representative must be an immigration consultant in good standing with the College of Immigration and Citizenship Consultants; a lawyer or paralegal in good standing with a Canadian law society, barristers' society, or barreau, or a law student under the supervision of a recognized lawyer; or a notary public in good standing of the Chambre des notaires du Québec or a law student under their supervision.

Company name: _____

Representative first name: _____

Representative last name: _____

College of Immigration and Citizenship Consultants ID number (if applicable): _____

Phone number: _____

Email: _____

Website: _____

Mailing address, including postal code: _____

OTHER ASSISTANCE

1. Were you aware of the candidate before initiating recruitment efforts? Describe:

2. Did anyone other than a recruiter or authorized immigration representative noted above introduce you to this candidate, assist you in their recruitment (posting of job ads, review of responses, recruitment outside of job ads, connection, communication), or contact you to hire this candidate?
 Yes No

If yes, provide the following details:

Name: _____

Phone number: _____

Email: _____

Mailing address, including postal code: _____

Method of assistance (phone, email, in-person, etc.) and describe how.

3. Did anyone other than a recruiter or authorized immigration representative noted above assist you in facilitating communications with the candidate during or following your hiring process?
 Yes No

If yes, provide the following details:

Name: _____

Phone Number: _____

Email: _____

Mailing Address, including postal code: _____

Method of assistance (phone, email, in-person, etc.) and describe how.

4. Did anyone other than an authorized immigration representative noted above assist you in the application process, including, but not limited to, form completion, submission, interpretation, and provision of documents?

Yes No

If yes, provide the following details:

Name: _____ Phone Number: _____

Email: _____

Mailing address, including postal code: _____

Method of assistance (phone, email, in-person, etc.) and describe how.

SECTION F [RECOMMENDATION COMPLIANCE]

- CFNO will revoke the recommendation upon becoming aware that the job offer is not genuine, full-time and based on labour market need identified by the community, or that the identified candidate listed in the recommendation does not have a genuine intent to fill the job offer listed in the recommendation certificate.
- CFNO may revoke recommendations of foreign nationals who have received a job offer from an employer who is de-designated. EDOs may work with the candidate to facilitate a new recommendation.
- CFNO may, but is not required to, request additional documents from applicant to confirm that they meet the federal criteria of the Pilot, and will not issue a recommendation if they are not satisfied that the applicant meets the federal requirements.
- CFNO has the ability to not issue a recommendation when the applicant is on a study permit, has not completed their studies.
- CFNO in its sole discretion determines that an applicant or anyone associated with an application to this Pilot has committed fraud or misrepresentation with respect to an application submitted to CFNO under this Pilot. CFNO may refuse the application and reject any future applications submitted by that individual from the date the determination is made.
- CFNO has the ability to not issue a recommendation where a candidate, employer or representative has engaged in harassing, discriminatory or defamatory behavior towards any organizations involved in the program, including CFNO, and IRCC.

SECTION G [EMPLOYER DECLARATION]

Complete the following section by hand

Initial beside each statement to acknowledge agreement and then sign at the bottom of the page.

On behalf of _____ (the
"employer"):

[Employer Name]

Initials

_____ I declare that I have read, understand, and agree to comply with the Rural Community Immigration Pilot guidelines set out in the Rural Community Immigration Program Guide. I understand that guidelines may be revised or amended by IRCC from time to time and agree that accessing and complying with current Rural Community Immigration Pilot guidelines is my sole responsibility. I understand and agree that any failure on my part to comply with the Rural Community Immigration Pilot guidelines may render me ineligible to participate in the Rural Community Immigration Pilot.

_____ I declare that the employer has a history of good workplace and business practices, and is in current compliance with all applicable laws and regulations, including, but not limited to federal and provincial labour standards legislation, workers compensation legislation, the Immigration and Refugee Protection Act and Regulations, human rights legislation, occupational health and safety legislation, trade union legislation and, where applicable, food safety legislation.

_____ I declare that the employer has screened the applicant to the best of its ability and believes they are able to fulfill the requirements of the position.

_____ I declare that the employment of the Principal Applicant, as described in this application, will not conflict with any bargaining agreements to which the employer is a party, and will not affect the settlement of any labour dispute or the employment of a person involved in such a dispute.

_____ I declare that the employment of the Principal Applicant, as described in this application, will not adversely affect employment or training opportunities for Canadian citizens or permanent residents in the North Okanagan-Shuswap region.

_____ I declare that the attached job offer is bona fide and is being utilized solely to fill a genuine pre-existing labour need.

_____ I declare that I had identified a genuine labour need before identifying the candidate for the position.

_____ I confirm that I have provided confirmation of employment and other relevant documents to demonstrate the employer's financial ability to honour this employment offer.

_____ I declare that I am not a business or agency that recruits and hires individuals in order to establish a pool of prospective or current workers that can be later transferred or contracted to separate business for staffing purposes.

_____ I declare that I have not accepted or exchanged money with any employee, applicant, recruiter, or agent in exchange for making a false application to CFNO in support for Permanent Residency.

_____ I declare that the employer will meet the commitments to settlement outlined in this application form.

_____ I acknowledge that if this application is approved, it is the employer's obligation to provide employment to the Principal Applicant, and to regularly provide information to CFNO, and related matters.

_____ I understand that I am obliged to keep all records associated with designation and recommendation for six years to document and demonstrate compliance with program conditions. This includes, but is not limited to, accurate records of all expenses incurred (directly or indirectly) in recruiting a foreign worker, any contract or agreement with a foreign worker recruiter, and any employment agreement with a foreign worker

_____ I authorize CFNO to collect, use, retain, disclose, and destroy personal and business information for the purposes of assessing this application and administering the Rural Community Immigration Pilot including research, monitoring and evaluation of the program and the employer's participation in it, and the detection of fraud, criminality, threats to public safety, and other non-compliance with federal or provincial law. This includes disclosure to, collection, retention use, and destruction by third parties of personal and business information as authorized by CFNO for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal and business information, I may contact CFNO.

_____ I authorize CFNO to research, monitor, and evaluate the Rural Community Immigration Pilot under the authority of the British Columbia Freedom of Information and Protection of Privacy Act, the Immigration and Refugee Protection Act and Regulations and other relevant Government of Canada legislation.

_____ I authorize CFNO to disclose information provided in the Employer Designation Application and the Recommendation Application to the Government of Canada, and to collect additional personal and business information from the Government of Canada, as necessary, for the purpose of assessing, verifying information, monitoring, and evaluating the Rural Community Immigration Pilot, or in the event of any suspected non-compliance with any provincial or federal law.

_____ I authorize CFNO to contact any person and disclose personal and business information to verify information provided by the employer in this form, the accompanying documents, and in any other aspect of the employer's participation in the Rural Community Immigration Pilot.

_____ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about the employer may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency, or organization.

_____ I declare that the information given in this form and the accompanying documents is true, complete, and correct. I agree to immediately inform CFNO in writing of any change in any information given in this form or the accompanying documents.

_____ I understand that any false statement or concealment of information may result in, among other things, denial of this application and de-designation of the employer from the Rural Community Immigration Pilot.

_____ I understand all of these statements and have asked for and received an explanation for any point that was not clear to me.

_____ I have read, reviewed, acknowledge, agree, and accept all responsibility with the terms, requirements, and conditions set out in the RCIP Recommendation Guide and Application Form.

Name of Authorized Signing Officer
[Family Name, Given Names]

Title of Authorized Signing Officer

Signature of Signing Officer

Date (dd/mm/yyyy)

SECTION H [CANDIDATE DECLARATION]

Section to be completed by hand

Initial beside each statement to acknowledge agreement and then sign at the bottom of the page.

I, _____, understand everything written in this application. I have asked for and received explanation for any point that was not clear to me.

Initials

_____ I authorize CFNO to collect, use, retain, disclose, and destroy personal information about me and my family for the purposes of assessing this application and administering the Rural Community Immigration Pilot, including research, monitoring, and evaluation of the program and the employer's and my participation in it. This includes disclosure to, collection, retention, use, and destruction by third parties of personal information as authorized by CFNO for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal information, I may contact CFNO.

_____ I authorize the CFNO to research, monitor, and evaluate the Rural Community Immigration Pilot under the authority of the British Columbia Freedom of Information and Protection of Privacy Act, the Immigration and Refugee Protection Act and Regulations and other relevant Government of Canada legislation.

_____ I authorize CFNO to disclose personal information to the Government of Canada and to collect personal information from the Government of Canada, as necessary, for the purpose of assessing, verifying information, monitoring, and evaluating the Rural Community Immigration Pilot, or in the event of any suspected non-compliance with any provincial or federal law.

_____ I authorize CFNO to contact any person and disclose personal information to verify information provided in this form, the accompanying documents, and in any other aspect of the employer's or my participation in the Rural Community Immigration Pilot.

_____ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about me, my family, and the employer may be collected from, used by, or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency, or organization.

_____ I declare that, to my knowledge, the information about me and my family included in this form and the accompanying documents-is truthful, complete, and correct.

_____ I declare that I have disclosed the use of, or assistance obtained from, a third-party representative whether paid or unpaid, licensed or unlicensed, in relation to the job opportunity and preparation of immigration documentation.

_____ I will immediately notify CFNO if I change my job duties, quit, or am terminated from my position with the designated employer.

_____ I acknowledge that I have read, reviewed, acknowledge, agree, and accept responsibility with the terms, requirements, and conditions set out in the RICP Recommendation Guide and Application Form.

Name of Candidate

[Family Name, Given Names]

Title

Signature of Candidate

Date (dd/mm/yyyy)

Please ensure the following list of attached documents are included:

- ✓ **Language test results**
- ✓ **Proof of Education (alongside ECA if necessary)**
- ✓ **Intent to Reside form filled by candidate**
- ✓ **IMM 0247 (Offer of Employment to a Foreign National for the Rural Community Immigration Pilot)**
- ✓ **IMM 0248 Schedule 1 – Rural Community Immigration Pilot**
- ✓ **Proof of previous relevant work experience (or proof of exemption from work experience)**
 - **This can include pay stubs, letter of employment, copy of T4 tax information slips, etc.**
- ✓ **If the candidate is already in Canada, copy of their legal status in the country**
- ✓ **Any other necessary supporting documents**