



**EMPLOYER RECRUITMENT RECORD**  
North Okanagan Shuswap RCIP

This form is to be completed by the employer applying for a community recommendation on behalf of a candidate. While not mandatory, it provides transparency and helps the Recommendation Committee assess whether the employer genuinely attempted to recruit for this position in an open and thorough manner, considering Canadians, Permanent Residents (PRs), and youth available in our region.

***Recruitment Information Only***

*Please only provide details about how you tried to hire for this specific job. All information must be directly related to the application. Do not include information about other job openings or past hiring.*

Name of Business: \_\_\_\_\_

NOC code & Job Title advertised: \_\_\_\_\_

Number of positions advertised for this NOC: \_\_\_\_\_

Please include copies of job postings in a single scanned PDF along with this form.

1. Position advertisement duration:

From \_\_\_\_\_ to \_\_\_\_\_

2. List all online and offline locations where the position was advertised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you use:

- Paid recruiter services

- Unpaid job services (like WorkBC)

- I did not use a recruitment service

4. Wage of the position as advertised: \_\_\_\_\_

5. In which city or community will the majority of the work be performed?

\_\_\_\_\_

6. Please list the number of respondents to the job advertisement(s) that fall under the following categories:

i) Canadians/PRs: \_\_\_\_\_

ii) Canadian/PR Youth under 25 yr old: \_\_\_\_\_

iii) Temporary Foreign Workers (TFWs) in Canada: \_\_\_\_\_

iv) Foreign workers outside Canada: \_\_\_\_\_

7. Describe the top three candidates considered for this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Outline three reasons why this candidate was selected as the best fit for the position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Declaration:**

By [signing](#), I authorize Community Futures North Okanagan (CFNO) to collect, use, retain, disclose, and dispose of personal and business information for the Rural Community Immigration Pilot (RCIP). CFNO will research, monitor, and evaluate the pilot under the authority of the Freedom of Information and Protection of Privacy Act (FIPPA) of British Columbia, the Immigration and Refugee Protection Act, and Regulations, and other relevant Government of Canada legislation. If I have any questions about the collection, use, retention, disclosure, or disposal of personal and business information, I may contact CFNO.

\_\_\_\_ I authorize CFNO to disclose personal and business information to the Government of Canada and to collect personal and business information from the Government of Canada as necessary for the purpose of assessing, verifying information, monitoring and evaluating RCIP or in the event of a suspected non-compliance with any provincial or federal law.

\_\_\_\_ I acknowledge CFNO can contact the employer and applicant for the purposes of administering and evaluating the program and our participation in it, to verify information provided to CFNO and to ensure compliance with commitments made to the CFNO.

\_\_\_\_ I consent to the CFNO collecting, using, and disclosing any personal or business information required for my company's participation in the RCIP. I also authorize the CFNO to obtain this information from federal, provincial, or local authorities, or other third parties as needed. This consent includes the professional handling and eventual disposal of all submitted data in accordance with privacy standards.

\_\_\_\_ I understand that the CFNO may contact any relevant person or organization to verify information that I have provided in this form.

\_\_\_\_ I acknowledge and accept the terms, requirements, and conditions set out in the Rural Community Immigration Pilot Recruitment Form and to any requirements and policies set out by the Community Futures North Okanagan that apply to the RCIP.

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Authorized Signing Officer Name and Job Title

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Authorized Signing Officer Phone number

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Authorized Officer Signature & date