

## Employer Recruitment Form -- STEP B

The Employer Recruitment Form (ERF) is required for Employer Services to assess your business labour needs. You must demonstrate that you have exhausted all local avenues to recruit workers within Canada before considering international recruitment and must specify if the positions are for immediate need or business growth. You must meet all eligibility criteria as outlined on the [Employer Services](#) website. This form must be completed by an authorized individual of the registering commercial business. There is no cost for this service, however additional costs may be incurred during the international recruitment process. All sections below must be completed. Enter N/A for sections that do not apply.

<b>A. Business Contact Information</b>		
Business name:	Business operating name/number:	
Primary contact name:	Primary contact email:	
Address:	Phone number(s):	
Postal code:	Province:	Region:
Third party name:	Email:	
Address:	Phone number:	
<b>B. Business Details</b>		
Business registration date:	Business start date:	
Industry:	Other services:	
Primary business activities/services/products:		
Gross revenue:		
Number of permanent full-time employees:		
Number of Canadian workers:		
Number of foreign workers:		
Annual turnover rate for full-time staff (%):		
Measures in place to mitigate/reduce turnover:		
Have you previously applied to Employer Services?	Yes	No
If yes, when?	Result?	
<b>C. Recruitment Request</b>		
Please provide details for each position required. Outline each position separately, indicating National Occupation Classification (NOC) and number of positions for each NOC. Please ensure the information that you provide here is the same information you <b>continue to use in your advertising</b> .		

Number of positions requested:	Position title(s):
Position 2021 NOC(s):	Position duties:
Hourly wage / Hours per week:	Annual salary:
<a href="#">Median wage rate:</a>	Expected start date:
Is this a new position?	Yes          No
If no, how long has the position been vacant?	
Why has this position been vacant?	
Will this position fill an immediate or growth need?	Immediate need          Growth need
Timeline for recruiting/onboarding workers:	
How do you plan on sourcing foreign workers?	
Have you identified any candidates at this time?	Yes          No
If yes, state candidate's current country of residence:	
Provide candidate name(s):	
How did you find your candidate(s)?	
How do you plan to retain your workers?	
List all settlement supports that will be provided to the worker and their family:	

#### **D. Current Recruitment Activities**

All advertisements must be posted for four (4) weeks immediately preceding ERF submission, and they **must remain active throughout the entire recruitment process in the [Government of Canada's Job Bank](#)**. Advertising requirements must include Canada's Job Bank, [Manitoba Start](#) and at least two (2) other general employment sites.

List all employment sites used for recruitment:	
Start date(s) posted: (Enter dates for the four general employment websites used)	
Insert links to current job ads and provide copy of job of job ads:	
Number of inquiries/applications:	
Number of candidates interviewed:	
Reasons for not hiring:	
Other recruitment resources:	
How long have you been using this method(s)?	
<b>E. Past Recruitment Activities</b>	
Have you previously participated in a recruitment mission endorsed by Employer Services? If so, when?	Yes          No
Have you laid off workers in the last year?	Yes          No
If yes, please provide reason(s) for layoffs:	
Have these workers returned to work?	Yes          No
Have you previously applied for a Labour Market Impact Assessment (LMIA) from Employment & Social Development Canada (ESDC)?	Yes          No
If yes, what was the result?	
When was it approved?	
What positions (NOC) were approved?	
How many positions were approved?	
How many LMIA-based workers have arrived?	
What is the retention rate of these workers (%)?	
Reasons for leaving job:	

## F. Employer Declaration

By signing and submitting this form, I confirm that I am the employer's authorized signatory and that:

1. I have provided true, complete and correct information in this application.
2. I acknowledge that **Employer Services** will disclose, as necessary, information collected from this application under the program to officials in the Province of Manitoba, including but not limited to, partner ministries and officials administering immigration, temporary foreign worker or other programs related to permanent or temporary residence within the Government of Canada.
3. I acknowledge that **Employer Services** may decline this application or withdraw an approval if:
  - i. I have submitted any false statements or concealed a relevant or significant fact, constituting misrepresentation.
  - ii. There is any change to the employment offer or contract with the candidate as an indeterminate or permanent full-time employee.
  - iii. The employment does not meet provincial employment and wage standards.
  - iv. I select a candidate who does not meet the required qualifications for the job.
  - v. The offer of employment conflicts with existing collective bargaining agreements.
  - vi. For reasons other than the preceding statements.

As a result of this decline or withdrawal, **Employer Services** may refuse to consider me as an Employer Applicant for an unspecified period.

The candidate's work permit will be issued for the same employment as that for which the request in this application form is being made, if this candidate is employed as a foreign worker. Further, if the terms and conditions of the work permit do not match the information in this application:

1. I acknowledge that I am responsible for notifying **Employer Services** immediately of any change to the status of employment of the candidate(s) considered or selected for nomination under the requested position, which includes, but is not limited to, change of job (title or duties), layoff or termination.
2. I acknowledge that I may be asked by **Employer Services** to provide further information.

I confirm my understanding of the previous statements, and, if applicable, have asked for and received an explanation or language translation, of every point that was not clear to me.

I consent to be contacted for completion of brief questionnaires to evaluate this request and program. I understand that a third party may be used to administer these questionnaires.

Authorized company rep.: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Please submit this form electronically, along with supporting documents, to [employerdirect@gov.mb.ca](mailto:employerdirect@gov.mb.ca). All documents must be submitted in PDF format.