Employer Direct Initiative Application Form

The Employer Direct Initiative Application Form is required for assessment by Employer Services. You must meet all the eligibility criteria as outlined on the Employer Services website.

The Employer Direct Initiative is primarily meant to provide a pathway for Manitoba employers looking to hire international talent from overseas or outside of Canada, if they are not able to fill their immediate labour needs locally.

Employer Direct Initiative aligns with Manitoba's economic and immigration needs and priorities. The selection of successful employer applications and foreign worker candidates may vary based on these changing factors.

This form must be completed by an authorized individual of the registering commercial business. All sections below must be completed. Enter N/A for sections that do not apply.

Applications received with missing information, including required documents as outlined in the document checklist will be considered incomplete. All incomplete applications will be returned without assessment. All required documents must be saved as an individual PDFs and attached in your email submission separately.

Employer Services reserves the right to limit the number of applications under either category.

A. Business Contact Information	on				
Business legal name and operating name:		Business number (Payroll number):			
Primary contact name:		Primary contact email:			
Business Address (location of work):		Phone number(s)	Phone number(s):		
City/Town:		Province:	Postal code:		
Immigration Representative (Lawyer or	RCIC Nun	nber:	1		
Consultant):	Law Society Number:				
	Representative Email:				
	Represent	tative Phone number:			
Representative Address:	- 1				
B. Business Details					
Business registration date:		Business start date:			
Industry/Sector:					
Primary business activities/services/prod	ducts:				

Gross revenue:	1.			
Three (3) most recent years of T2 with Schedule	2.			
T2125 filed with Canada Revenue Agency	3.			
Number of permanent full-time employees:				
Number of permanent part-time employees:				
Number of employees who have Canadian citizenship or are Permanent Residents:				
Number of temporary foreign workers, currently on a work permit:				
Annual turnover rate for full-time staff (%):				
What measures are in place to mitigate/reduce turnover:				
Have you previously applied to Employer Services?		Yes O	No O	
If yes, when and what was the result?				
If previous application was approved: for how many positions and under which National Occupation Classification (NOC) codes?				
If you were previously approved to recruit foreign workers through Employer Services, please list the current status and whereabouts of all candidates who were issued Invitations to Apply.				
If the positions were not used, provide an explanation why.				
Do you have any workers that are self-employed, owr independent contractors?	ner/operators, or	Yes O	No O	
Is your business a placement agency or company that of employees to other people or businesses as one or		Yes O	No O	
Are you seeking to sell your business in the next two (Yes O	No O	

C. Recruitment Request				
Please provide details for each position required. O Occupation Classification (NOC) and number of po	· · · · · · · · · · · · · · · · · · ·	· -	cating National	
NOTE: Please ensure the information that you provi advertising.	de here is the same i	nformation you	continue to use in your	
Number of positions requested:	Position title(s):			
Position NOC(s) – please use the 2021 NOC:	Position duties:			
Hourly wage / Hours per week:	Annual salary:			
Median wage rate:	Expected start date:			
Labour market information - Explore the market - Job Bank				
Is this a new position?		Yes O	No O	
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	Grow	rth need	
Timeline for recruiting/onboarding workers:				
How do you plan on sourcing workers?				

Provide all details of your foreign recruitment plan:			
If your application is successful, do you intend positions to hire someone with temporary imr Canada?	-	Yes O	No O
If yes, visit the eligibility criteria for the Tempo submit an application for assessment.	orary Resident Retention Pil	ot and if applicab	ole complete and
How do you plan to retain your workers?			
List all settlement supports that will be provided to the employee and their family:			
D. Current Recruitment Activities			
You must demonstrate that you have exhaus Canada before considering international recr		recruit workers \	within Manitoba and
All advertisements must be posted for four (4) must remain active throughout the entire recr Advertising requirements must include Canadaleast one (1) other general employment site.	ruitment process in the <u>Gov</u>	ernment of Canad	da's Job Bank.
List all employment sites used for recruitmen	ıt:		
NOTE: Please include the Government of Canada Job Bank's "Activity Report" for each position.			

Start date(s) posted:				
NOTE: Enter dates for the four (4)				
employment websites used				
Insert links to current 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)?				
E. Past Recruitment Activities				
Have you previously participated in a recruitment mission endorsed by Employer Services or Manitoba Government? If so, when?		Yes O	No 🔘	
		Date		
Have you laid off workers in the last year?		Yes O	No O	
If yes, please provide reason(s) for layoffs:		,		
Have these workers returned to work?	,	Yes O	No 🔘	

Have you previously applied for a Labour Market I Assessment (LMIA) from Employment and Social Canada (ESDC)?	Yes	0	No O	
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 and when?				
What is the retention rate of these workers (%)?				
Reasons for leaving job:				

F. Document Checklist					
The following are required documents for your appli returned without assessment. Please ensure all do this application form.			•	• •	į
Completed Employer Direct Initiative Application Form		Yes	0	No 🔘	
Three (3) latest years T2 Return and Schedules - from Canada Revenue Agency (CRA).	Tax year	Yes	0	No 🔘	
Include all pages of the T2 Return and Schedules in the PDF document.	Tax year	Yes	0	No 🔘	
NOTE: must be the copies filed with CRA	Tax year	Yes	0	No 🔘	
Articles of incorporation, either provincial or federal registration			0	No O	
Most recent return filed with Companies Office or Industry Canada showing the incorporation is in good standing		Yes	0	No O	
Certificate of Registration with Employment Standards to hire foreign workers?		Yes	0	No 🔘	
Separate document listing all URLs to verify advertising of the positions to be recruited		Yes	0	No O	
All Activity Reports from Government of Canada Job Bank ads		Yes	0	No O	
Read and signed: G. Collection Notice and Consent		Yes	0	No O	
Read and signed: H. Employer Declaration		Yes	0	No O	
All documents will be sent separately in PDF files		Yes	\bigcirc	No ()	

Employer Services reserves the right to request additional documents and information to process your application and ensure your business meets the eligibility requirements.

G. Collection Notice and Consent

The information that you provide in this application, including personal information, is collected pursuant to subsection 36(2) of *The Freedom of Information and Protection of Privacy Act* (FIPPA). The personal information and information about the business will be used for the purpose(s) of assessing your business's eligibility to participate in the Employer Direct Initiative, for evaluating the business' financial and operating history, and for administering the Manitoba Provincial Nominee Program.

If you have any questions about this collection, please contact Employer Services at employerdirect@gov.mb.ca

Consent

- 1. In order to assess your business' eligibility to participate in the Employer Direct Initiative, verify the information provided in this application, to investigate the financial history, and competence of the business, and to ensure compliance with workplace safety and immigration laws, Employer Services may collect personal information and/or information about the business directly from:
 - Federal, Provincial, or Municipal Government departments or agencies
 - Any person or organization that has information or documents relevant to the purposes identified above.
- 2. Employer Services may also disclose information, including personal information and information about the business, to the following for the purposes listed in paragraph 1:
 - A department of the Government of Manitoba, or a department or agency of the Government of Canada or of another province
 - A law enforcement agency
- 3. By signing below as an authorized representative of the business, you are consenting on behalf of the business to the indirect collection of personal information and information about the business from the organizations listed in paragraph 1, above, and for the disclosure of that information by those organizations to Employer Services. You are further consenting on behalf of the business to authorize Employer Services to disclose your personal information and information about the business, obtained through this application or elsewhere, to the organizations listed in paragraph 2, above.
- 4. By signing below as an authorized representative of the business, you are also consenting to participate in follow-up reporting and evaluations conducted by Employer Services during or after the application assessment, which may include site visits by Employer Services, as well as to be contacted to complete brief questionnaires to evaluate your application and/or the program.
- 5. Your consent is voluntary and will continue until it is withdrawn However withdrawal cannot be done retroactively and will result in a denial of your application and/or the business' removal from the program.

Authorized Representative Name:	Signature:
Authorized Representative Title:	Date:

H. Employer Declaration

By signing and submitting this form, I confirm that I am an authorized representative of the business, with authority to bind the business, and that:

- 1. I have provided true, complete and correct information in this application.
- 2. The business is in compliance with all applicable laws, and I commit the business to upholding and maintaining all employer obligations for employee rights to immigration processes, employment standards and working conditions.
- 3. I commit the business to ensuring that no fees, money or other compensation have been, or will be, charged to any recruited employee for any purpose related to employment with me or the business.
- 4. I acknowledge that **Employer Services** may decline this application or withdraw a prior approval if:
 - i. I have submitted any false statements or concealed a relevant or material fact, constituting misrepresentation.
 - ii. There is any change to the employment offer or contract with a recruited employee as an indeterminate or permanent full-time employee.
 - iii. A recruited employee's employment does not meet provincial employment or wage standards.
 - iv. The business recruits a candidate who does not meet the required qualifications for employment in the approved position.
 - v. The offer of employment conflicts with existing collective bargaining agreements.
 - vi. The business is no longer in compliance with the requirements of the program; or
 - vii. For any other reason considered relevant by Employer Services.
- 5. I confirm that the business has exhausted all local hiring avenues and has been unsuccessful in hiring and retaining Canadian citizens, permanent residents or Manitoba residents with authorization to work, for the positions identified in this application with **Employer Services**.
- 6. If this application is declined or an approval is rescinded, I understand that **Employer Services** may refuse to consider me or the business under the program at the discretion of **Employer Services**.
- 7. I acknowledge that I am responsible for notifying **Employer Services** immediately of any change to the status of employment of the recruited employee(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.
- 8. I acknowledge that I may be asked by **Employer Services** to provide additional information or documents, and I agree to comply with such requests.
- 9. I confirm my understanding of all statements contained above, and I have asked for and received an explanation or language translation on any points that were not clear to me.

Authorized Representative Name:	Signature:
Authorized Representative Title:	Date:

Please submit this form electronically, along with supporting documents, to employer direct@gov.mb.ca.