

Temporary Resident Retention Pilot Application Form

The Temporary Resident Retention Pilot Application is required for assessment by Employer Services. You must demonstrate that you meet all the eligibility criteria as outlined on the [Employer Services](#) website for the Temporary Resident Retention Pilot.

Employer Services has created the Temporary Resident Retention Pilot for employers wanting to retain their eligible employees who are currently employed at their business in Manitoba, on a temporary work permit, facilitating a pathway to permanent residency, through the Manitoba Provincial Nominee Program.

The 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 requirement documents must be saved as 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		
Business legal name and operating name:	Business number (Payroll number):	
Primary contact name:	Primary contact email:	
Business Address (location of work):	Phone number(s):	
City/Town:	Province:	Postal code:
Immigration Representative (Lawyer or Consultant):	RCCI Number:	
	Law Society Number:	
	Representative Email:	
	Representative Phone number:	
Representative Address:		
B. Business Details		
Business registration date:	Business start date:	
Industry/Sector: (Please select ONE)		
<input type="checkbox"/> Agriculture <input type="checkbox"/> Construction and trades <input type="checkbox"/> Information technology <input type="checkbox"/> Food processing	<input type="checkbox"/> Excluded sector approved trade Healthcare <input type="checkbox"/> Education <input type="checkbox"/> Manufacturing	

Primary business activities/services/products:			
Gross revenue: Three (3) most recent years of T2 with Schedule T2125 filed with Canada Revenue Agency		1.	
		2.	
		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 (%):			
Retention rate of Temporary Resident employees for the three years preceding this application (%):			
What measures are in place to mitigate/reduce turnover:			
Have you previously applied to Employer Services?		Yes <input type="radio"/>	No <input type="radio"/>
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, owner/operators, or independent contractors?		Yes <input type="radio"/>	No <input type="radio"/>
Is your business a placement agency or company that offers placement of employees to other people or businesses as one of your services?		Yes <input type="radio"/>	No <input type="radio"/>
Are you seeking to sell your business in the next two (2) years?		Yes <input type="radio"/>	No <input type="radio"/>

C. Temporary Resident (TR) Candidate Information

NOTE: Please complete section C for each employee you are looking to refer to the Temporary Resident Retention Pilot. Additional TR Candidate Information Forms are available for download on the Employer Services website.

Full Candidate Name:		Date of Birth:	
Arrival Data in Canada:	Arrival Date in Manitoba:	Work Permit Expiry Date:	
Position title:		Position NOC (*please use the 2021 NOC):	
Position duties:			
Has the candidate been employed in your business on a full-time basis for more than 18 months?	Yes <input type="radio"/>	No <input type="radio"/>	Start date:
Hourly wage/Salary:	Guaranteed hours per week:	Median wage rate : Labour market information - Explore the market - Job Bank	
How did you find this candidate?			
Has the candidate applied for the Temporary Public Policy for Prospective Provincial Nominees?	Yes <input type="radio"/>	No <input type="radio"/>	
Have you engaged a Regional Immigration Initiative to support this candidate?	Yes <input type="radio"/>	No <input type="radio"/>	

D. Current International Recruitment Activities

NOTE: If you are also currently recruiting overseas and wanting to utilize the Employer Direct Initiative as a pathway, please ensure you complete the Employer Direct Initiative Recruitment Form separately.

Are you currently recruiting overseas for your company?	Yes <input type="radio"/>	No <input type="radio"/>
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E. Past Recruitment Activities

Have you previously participated in a recruitment mission endorsed by Employer Services or Manitoba Government? If so, when?

Yes No

Date

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 and 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 and when?

What is the retention rate of these workers (%)?

Reasons for leaving job:

F. Document Checklist

The following documents are required for the application assessment. Please ensure they are attached as separate PDF files accompanying this application form.

Temporary Resident Retention Pilot Application Form		Yes <input type="radio"/>	No <input type="radio"/>
Three (3) latest years T2 Return and Schedules - from Canada Revenue Agency (CRA) Include all pages of the T2 Return and Schedules in the PDF document NOTE: must be the copies filed with CRA	Tax year	Yes <input type="radio"/>	No <input type="radio"/>
	Tax year	Yes <input type="radio"/>	No <input type="radio"/>
	Tax year	Yes <input type="radio"/>	No <input type="radio"/>
Articles of incorporation, either provincial or federal registration		Yes <input type="radio"/>	No <input type="radio"/>
Most recent return filed with Companies Office or Industry Canada showing the incorporation is in good standing		Yes <input type="radio"/>	No <input type="radio"/>
Registration with Employment Standards to hire temporary foreign workers		Yes <input type="radio"/>	No <input type="radio"/>
Employer Declaration - Temporary Foreign Workers Retention Tracking Sheet *Employer Services reserves the right to request additional documents to support your declaration which may include audited financial reports with detailed payroll information, T4 forms or other financial documents.		Yes <input type="radio"/>	No <input type="radio"/>
Valid Work Permit		Yes <input type="radio"/>	No <input type="radio"/>
Letter of Employment, including the following information: <ul style="list-style-type: none"> • start dates of employment • the minimum number of hours worked per week • a detailed description of the position and duties 		Yes <input type="radio"/>	No <input type="radio"/>
Read and signed: G. Collection Notice and Consent		Yes <input type="radio"/>	No <input type="radio"/>
Read and signed: H. Employer Declaration		Yes <input type="radio"/>	No <input type="radio"/>
All documents will be sent separately as PDF files		Yes <input type="radio"/>	No <input type="radio"/>

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 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 deemed relevant by Employer Services.
5. 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
6. 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.
7. I acknowledge that I may be asked by **Employer Services** to provide additional information or documents and agree to comply with such requests.
8. 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 together with supporting documents to employerdirect@gov.mb.ca.