

Government of Alberta ■



Alberta Immigrant
Nominee Program

AINP Employer Driven Stream Employer Compliance Declaration Form

To be completed by the Employer

AINP Employer-Driven Stream Employer Compliance Declaration Form

This form provides the Alberta Immigrant Nominee Program (AINP) with consent to seek information from the relevant administrative and regulatory agencies concerning an employer's compliance with applicable key laws and regulations.

The personal information provided on this form is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of administering the Alberta Immigrant Nominee Program (AINP). If you have any questions about the collection of this information, you can contact the Alberta Immigrant Nominee Program, Human Services, Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Fax: (780) 427-6560. E-mail: ainp.info@gov.ab.ca.

This form supersedes all previous AINP Employer Compliance Declaration forms

Part 1

Please read each of the following questions carefully. Respond to each question about the status of your business with the applicable legislation. If uncertain about how the legislation affects you as an employer, refer to the related website for more information. You may wish to contact Employment Standards, Alberta Health Services, Occupational Health and Safety, Workers' Compensation Board, or the Alberta Human Rights and Citizenship Commission (respectively) about the status of your business in order to complete each question correctly.

Note:

Employment Standards (www.employment.alberta.ca/SFW/1224.html)

Does your business have any unsatisfied Employment Standards judgments relating to unpaid employee earnings or applicable fees?

- No
- Yes – Your business is not eligible to apply to the AINP at this time

Alberta Health Services - Alberta Public Health Act Food Regulation, Environmental Health (Foodservices Industry Only) (www.albertahealthservices.ca/707.asp)

Does your business have any Executive Officer Order for Closure or Remedial Action issued in the past 12 months?

- No – Submit a copy of your valid and subsisting permit for the operation of your food establishment (i.e. Food Handling Permit)
- Yes – Your business is not eligible to apply to the AINP at this time

Occupational Health and Safety (www.employment.alberta.ca/SFW/2874.html)

Is your business currently on the Human Services Occupational Health and Safety (OHS) Employer Injury and Illness Prevention Program (formerly known as the Targeted Employer Program)?

- No
- Yes

If yes, please indicate if your business has been on this program for:

- More than 24 months:
Your business is not eligible to apply to the AINP at this time
- Less than 24 months:

Does your company have a Certificate of Recognition through the Partners In Injury Reduction Program?

- No
- Yes – Submit a copy of your Certificate of Recognition (COR)

Workers' Compensation Board (www.wcb.ab.ca/employers)

Does your business have valid workers' compensation coverage?

- No – Provide a letter from the Workers' Compensation Board-Alberta (WCB-Alberta) stating that your business operates in an exempt industry
- Yes – Obtain a clearance, from WCB-Alberta, and provide a copy

Alberta Human Rights Legislation - Alberta Human Rights and Citizenship Commission (www.albertahumanrights.ab.ca/decisions.asp)

Does your business have any Human Rights Panel Decisions under the Human Rights, Citizenship and Multiculturalism Act?

- No - No further responses are required
- Yes

If yes, was a violation of the Act found?

- No (the complaint was found not to have merit) – No further responses are required
- Yes

If yes, are there any outstanding conditions of the decision that have yet to be fully met by your business?

- No
- Yes

If yes, provide additional information on which conditions of the decision must still be met, and when the business plans to complete their obligations to fulfill those conditions of the decision:

Before an application is submitted, employers are obligated to uphold provincial standards for both workplace and public health and safety, and offer their candidate(s), for as long as their candidate(s) is/are employed, a sustainable and reliable work environment. The AINP supports all legislation regarding a safe and healthy work environment, and will not approve an employer who does not adequately demonstrate compliance in meeting the AINP criteria and applicable administrative and regulatory agencies regarding their legislation.

Alberta employers must be in compliance with all the aforementioned legislation at the time of application to the AINP. All answers must be truthful, correct and complete. Failure to completely disclose the employer's current status with any of the previously stated legislation and applicable authorities on this form will result in the refusal of current and future applications submitted to the AINP on the basis of non-disclosure. The AINP reserves the right to declare the employer ineligible to apply under the program for up to 24 months from date of application received for non-disclosure.

During the AINP application process, employers must remain in compliance with all the applicable administrative and regulatory agencies and their legislation to receive an AINP allocation. The onus is on the employer to disclose to the AINP any contravention of the corresponding legislation described above and to provide documented and verifiable support of the steps taken to resolve the contravention, to the satisfaction of the proper administrative and regulatory agencies.

Part 2 - Authorization and Declaration

1. I authorize the AINP to obtain information from the relevant administrative and regulatory agencies concerning the compliance of our business with the applicable laws and regulations mentioned above. (Please note that if you do not provide us with this authorization, your application will not be processed).
2. I confirm that the information I have provided in this form is to the best of my knowledge true, correct, and complete.
3. I understand that if any of the required information in this form has not been disclosed or is found to be false that the AINP may refuse our application.
4. I understand the previous statements, and have asked for and received a satisfactory explanation of any point that was not clear to me.
5. I declare that I am abiding by the rules and conditions of the Labour Market Opinion from Service Canada - Human Resources and Skills Development Canada.

This form must be signed by an employee or officer of the company authorized to make representations and enter into agreements on behalf of the employer.

Employer (Business) Name:

Name of Person Signing:

Original Signature:

Position of Person Signing:

Date Signed:

Date: (mm/dd/yy)