

Employer-Driven Application for Nomination (AINP 003)

- For Skilled Workers, International Graduates, and Semi-Skilled Workers with an Alberta employer

Table of Contents

Pages i to iii: Overview, Streams & Categories, Eligibility, Checklist

Pages 1 to 5: Candidate Details, Occupation & Education, Family Members, Background, Signatures

**If you need further help, please contact the
Immigrate to Alberta Information Service (I2A Info Service):**

Toll-free in Alberta: 1-877-427-6419
Telephone: (Canada 001) (780) 427-6419
Email: ainp.info@gov.ab.ca

Employer-Driven - Application for Nomination (AINP 003)

Overview of Application for Nomination

The Government of Alberta, with Citizenship and Immigration Canada (CIC), operate the Alberta Immigrant Nominee Program (AINP) for faster processing of a permanent residence application.

You, as the candidate, must apply for provincial nomination using this application form, if:

- You have been **selected by your Alberta employer** to be considered for nomination as a permanent and full-time employee under a category of the Employer-Driven Stream

Employer-Driven Stream - Skilled Workers or International Graduates

If you are applying as a Skilled Worker or as an International Graduate you must, together with your Alberta employer, complete the *Employer-Driven Application for a Skilled Occupation* (AINP 005). Once you and your employer have completed the AINP 005 application with all required supporting documents, you may complete this AINP 003 application. **Send the AINP 005, AINP 003 and each of their supporting documents together at the same time in the same envelope.**

Review the table of steps in the Overview of the AINP 005.

Visit our website for more information:

<http://www.albertacanada.com/immigration/immigrate/skilledworkers.html>

<http://www.albertacanada.com/immigration/immigrate/internationalgraduates.html>

Employer-Driven Stream - Semi-Skilled Workers

If you are applying as a Semi-Skilled Worker, your Alberta employer must first apply to the AINP using the *Employer-Driven Application - Semi-Skilled Worker Category* (AINP 001). You must also, with your Alberta employer, complete and submit the *Employer-Driven Application for a Semi-Skilled Occupation* (AINP 002). You may send all completed forms and required supporting documents together at the same time, or you may send the AINP 002 and this application after the employer has been approved. Discuss this with your employer before you apply.

Review the table of steps in the Overview of the AINP 001 and AINP 002.

Visit our website for more information:

<http://www.albertacanada.com/immigration/immigrate/semiskilledworkers.html>

Eligibility

You, as the candidate, can apply for a nomination from the AINP if you have the qualifications needed to work in Alberta and meet one (1) of the following:

- Your Alberta employer is eligible to request that you be considered for nomination as a Skilled Worker under the Employer-Driven Stream
- Your Alberta employer is eligible to request that you be considered for nomination as an International Graduate under the Employer-Driven Stream . . . *continued next page* . . .

- Your Alberta employer is eligible to request that you be considered for nomination as a Semi-Skilled Worker under the Employer-Driven Stream

Check (☑) each item below to send a complete application package.

Forms Required

- Review the description of the stream and category that you identified in the previous section (*Eligibility*) to ensure the employer-related forms you need have been completed.
- A complete *Employer-Driven - Application for Nomination* (AINP 003).
- A **PHOTOCOPY** of the completed Citizenship and Immigration Canada (CIC) forms required for permanent residence. Candidates must **keep their originals**.

	Principal Applicant (Candidate)	Spouse/Common-Law Partner	Dependent Child, (18 Years of Age or Older)
Application Forms	<ul style="list-style-type: none"> <input type="checkbox"/> IMM 0008 <i>Generic</i> <input type="checkbox"/> IMM 0008 <i>Schedule 1</i> <input type="checkbox"/> IMM 0008 <i>Schedule 4</i> <input type="checkbox"/> IMM 5406 <input type="checkbox"/> IMM 5476 (If Applicable) 	<ul style="list-style-type: none"> <input type="checkbox"/> IMM 0008 <i>Schedule 1</i> <input type="checkbox"/> IMM 5406 	<ul style="list-style-type: none"> <input type="checkbox"/> IMM 0008 <i>Schedule 1</i> <input type="checkbox"/> IMM 5406 <input type="checkbox"/> IMM 5476 (If Applicable)

Important Notice

Please note that a PHOTOCOPY of the CIC forms is required to support the information provided in the AINP 003, and to demonstrate that you are prepared to send your complete application for permanent residence to CIC immediately upon receiving the nomination.

Do not send documents to the AINP that are only required by CIC (e.g. photos, police certificates or clearances, etc.). To apply to the AINP, only complete and include the items that are listed in the instructions of the form(s) you are using.

The AINP does not send your application for permanent residence to CIC

If you are approved as a Provincial Nominee, the AINP will issue instructions with your nomination on when and how to submit your application to CIC as a Provincial Nominee.

Completing the Application for Nomination

- Print the whole application, including the cover page and instructions.
- Make sure every question and section is completed on every page. If a question does not apply, write **N/A** (Not Applicable).
- Provide original signatures on the application.

Supporting Documents Required

- ❑ A photocopy of the valid passport for you and your accompanying family members. Include only the personal information page and any page(s) showing the expiry and renewal date(s) of the passport.
- ❑ A certified true copy of the Degree, Diploma, Certificate and Licence required for your job.
- ❑ Work related reference letters relevant to the job.
- ❑ A photocopy of your valid work permit from Citizenship and Immigration Canada (CIC).

If documents are not in English, provide a certified translation with a copy of the original document(s). If you need to find a certified translator in Alberta, please visit the website of the Association of Translators and Interpreters of Alberta (ATIA) at: <http://www.atia.ab.ca>.

The AINP reserves the right to request additional information or documents, from either the employer or the candidate, to support this application

Mail a Complete Application Package

Alberta Immigrant Nominee Program
Alberta Employment and Immigration
Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue
Edmonton, Alberta, Canada T5J 1S6

Contact the Immigrate to Alberta Information Service (I2A Info Service) for more information:

Toll-free in Alberta at: 1-877-427-6419, or outside Alberta at: (Canada 001) (780) 427-6419
E-mail: ainp.info@gov.ab.ca

The AINP does not return original documents

Don't forget:

- **If a submission is incomplete, the application will not be accepted by our office. It will be returned.**
- **Only complete submissions are accepted as applications. Please note that applications are processed in the order received.**
- **Processing times are available on our website. Our office is unable to respond to status inquiries.**

The personal information provided on this form and attachments is collected under the authority of the *Government Organization Act* (RSA 2000) and managed in accordance with the *Freedom of Information and Protection of Privacy Act* (RSA 2000). The information will be used for the purpose of administering the Alberta Immigrant Nominee Program. If you have any questions about the collection of this information, you can contact the Alberta Immigrant Nominee Program, Alberta Employment and Immigration, Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Telephone (toll-free in Alberta): 1-877-427-6419 or (780) 427-6419. Fax: (780) 427-6560. Email: ainp.info@gov.ab.ca

A. Candidate Details		File Number (Office Use):	
1. Candidate's Family Name:		2. Candidate's Given Name(s):	
3. Candidate's Address:	4. City/Town, Province:	5. Postal Code:	
6. Candidate's Mailing Address (If different from above):			
7. Candidate's Phone:	8. Candidate's Fax:	9. Candidate's E-mail:	
10. Date of Birth (Day/Month/Year):	11. Place of Birth (City or Town):	12. Country of Birth:	
13. Country of Citizenship:	14. Country of Last Permanent Residence:	15. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
B. Citizenship and Immigration Canada (CIC) Application History			
1. Have you, your spouse/common-law partner, or any of your dependent children, already submitted an <i>Application for Permanent Residence in Canada</i> to Citizenship and Immigration Canada (CIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. If Yes , respond to each of the following:			
a.) Canadian Visa Office to which application for permanent residence was already submitted: _____			
b.) CIC File Number: _____		c.) Date Application Submitted: _____	
d.) Status of Application: _____		e.) Principal Applicant: _____	
f.) Intended Province of Residence:		g.) Application Class/Category:	

C. Occupation and Education

1. Current Job Title:	2. Current Exact Salary:	3. Name of Employer:
-----------------------	--------------------------	----------------------

4. Education History:

a.) Total years of education: _____

b.) Level of education successfully completed (*check all that apply*):

<input type="checkbox"/> Doctorate / PhD	<input type="checkbox"/> Diploma or Certificate from a Technical School or College
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Secondary School
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> No Formal Education

5. Industry and Association standards required and obtained:

- Alberta Apprenticeship and Industry Training (AIT) Journey person Certification
- College of Physicians and Surgeons of Alberta
- College and Association of Registered Nurses of Alberta (CARNA)
- Association of Professional Engineers, Geologists, and Geophysicists of Alberta (APEGGA)
- emerit* Professional Certification
- Certification in Workplace Hazardous Materials Information System (WHMIS)
- Other standards required and obtained (*specify*):

6. Work History:

a.) Total years of employment: _____

b.) List all employment since age 18 that is relevant to the job for which you are submitting this application (*attach a separate sheet if required*):

Dates (From - To)	Name of Employer	Occupation	City and Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Language Ability

English:	<u>Reading</u>	<u>Speaking</u>	<u>Writing</u>	French:	<u>Reading</u>	<u>Speaking</u>	<u>Writing</u>
High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Native Language:	9. What other languages do you speak?
---------------------	---------------------------------------

D. Family Members

1. List all dependents who intend to **accompany** you to Canada
(Do not include Canadian Citizens or Permanent Residents):

	Spouse or Common-Law Partner	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Family Name					
Given Name					
Date of Birth	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F

2. Spouse/Common-Law Partner's Current Job: _____ 3. Number of years Spouse/Common-Law Partner has worked in Canada: _____

4. Spouse/Common-Law Partner's Education History:

a.) Total years of spouse/common-law partner's education: _____

b.) Level of education spouse/common-law partner has successfully completed (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Doctorate / PhD | <input type="checkbox"/> Diploma or Certificate from a Technical School or College |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> No Formal Education |

E. Background in Canada and Alberta

1. List your, or your spouse/common-law partner's, relatives in Canadian provinces or territories
(Provide attachment if required):

Name of Relative	Relationship	City or Town and Province	Years Spent in Canada
_____	_____	_____	_____

2. List any visits you have made to Canada, before you completed this form, where you had entered and then departed (Provide attachment if required):

Reason for Visit	Province Visited	Month/Year Entered	Month/Year Departed
_____	_____	_____	_____

F. Marketing

1. How did you learn about the AINP? (*Check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Alberta Promotional Material | <input type="checkbox"/> How To Hire Foreign Workers Seminar |
| <input type="checkbox"/> AINP Website | <input type="checkbox"/> Other (<i>specify</i>): |

G. Program Evaluation

We will be contacting you in the future to see if this program was helpful to you. In the event that we are unable to reach you at the contact information you provided in this application, we are asking that you provide the name of a contact person, who is not living with you, who we may contact. This person would only be asked to provide your current telephone number and address if we are unable to reach you.

We recommend that you advise this person that you have given our office permission to contact him or her if we are unable to reach you. You may remove or change the name of this contact person at any time by contacting our office.

Name of Contact Person:

Phone Number of Contact Person:

H. Declaration and Authorization of Candidate

By signing and submitting this form, I confirm that:

1. The information I have provided in this application is true, complete and correct and I, the candidate, have personally provided it.
2. I understand that submitting an *Application for Permanent Residence in Canada* to Citizenship and Immigration Canada on the basis of an Alberta Immigrant Nominee Program (AINP) Certificate issued by the Government of Alberta, is subject to federal requirements. Specifically, my application for permanent residence is subject to the statutory requirements for admissibility under the *Immigration and Refugee Protection Act* and its Regulations, and the Certificate and application do not guarantee that I will be granted permanent residence in Canada.
3. I understand that the AINP may decline this application or withdraw a Nomination:
 - a. If I have submitted any false statements or concealed a relevant or significant fact. Both constitute misrepresentation;
 - b. If there is any change to my employment status as an indeterminate or permanent full-time employee;
 - c. If I do not comply with any request for information required by the AINP to effectively administer and maintain the integrity of the program; or,
 - d. For reasons other than the above statements. As a result of this decline or withdrawal, the AINP may refuse to consider me as a candidate for Nomination for an unspecified period.
4. I understand all of the above statements, and have asked for and received an explanation, or language translation if required, on every point about which I may have been uncertain.

Continued on next page . . .

Candidate's Authorization to Collect and Disclose Personal Information

By signing and submitting this form:

1. I authorize the AINP to disclose and collect, as necessary, information about me required to assess this application under the program, to and from officials in the Government of Alberta, including but not limited to partner ministries, and to officials administering immigration, temporary foreign worker or other programs related to permanent residence or temporary residence within the Government of Canada.
2. I authorize the Government of Canada to disclose to the AINP, as necessary, personal information about me collected under the *Immigration and Refugee Protection Act* and its Regulations to officials administering the AINP. I also authorize the AINP to collect such information.
3. I authorize the AINP to disclose to my employer information on the status of my application under the AINP at any time throughout the process, and I authorize my employer to collect this information.
4. I authorize my employer to provide details of our employment contract to the AINP and authorize the AINP to collect such information.
5. I, or my employer, will notify the AINP immediately of any change(s) to the status of my employment at any point in the process, including, but not limited to, to the date of permanent residence.
6. I confirm my understanding of all the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.
7. I consent to be contacted to complete a brief questionnaire to evaluate the program.
8. I have used a representative or third party in connection with this application to the AINP:
 Yes (*Read and follow the box below*) No

If the answer to Number 8 is "Yes", the Candidate must complete the Candidate - Use of a Representative (AINP 008B) form (*if this was not already done*), which can be found at our website:

<http://www.albertacanada.com/immigration/immigrate/ainpforms.html>

Candidate's Name (Print):	Original Signature (Candidate):
Spouse's or Common-Law Partner's Name (Print):	Original Signature (Spouse/Common-law Partner):
Dependent Child's Name, 18 Years of Age or Older (Print):	Original Signature (Dependent Child, 18 Years of Age or Older):
Dependent Child's Name, 18 Years of Age or Older (Print):	Original Signature (Dependent Child, 18 Years of Age or Older):

Date (Month, Day, Year): _____

Photocopy, complete and attach this sheet for more dependents, if applicable.