SEASONAL AGRICULTURAL WORKER PROGRAM

Application for a Labour Market Opinion

The information contained on this Application, including any attachments to it, is being collected by the Department of Human Resources and Skills Development, now styled Department of Human Resources and Social Development ("HRSDC") under the authority of the *Department of Human Resources and Skills Development Act* for the purpose of providing a labour market opinion pursuant to section 203 of the *Immigration and Refugee Protection Regulations* in relation to the offer(s) of employment referred to in this Application. Completion is voluntary; however, failure to complete this form may prevent HRSDC from providing a labour market opinion as required by *Immigration and Refugee Protection Regulations*.

The information contained in this Application will be shared with the Department of Citizenship and Immigration (CIC). The information may also be shared with other federal government departments and with provincial and/or territorial government departments or agencies, municipal governments, unions and other organizations for the purpose of providing the labour market opinion. Information may be shared with these parties for various purposes in the formulation of a labour market opinion, and the verification of a labour shortage.

The information may also be used by HRSDC and CIC for policy analysis, research and/or evaluation in relation to the entry into Canada of temporary foreign workers. In order to conduct these activities, various sources of information under the custody and control of the Government of Canada may be linked.

EMPLOYER INFORMATION

Check one:

- ☐ **Direct Arrival** (Initial request for SAWP workers from abroad)
- ☐ **Transfer** (Request to transfer workers from within Canada to another employer)
- ☐ **Direct Replacement** (Request to replace from abroad workers who did not work and had to return home)
- ☐ **Replacement Transfer** **(Request to replace workers from within Canada)**
- ☐ **Double Arrival** (**Request where workers go home and return** to the same employer in current year)
- ☐ **Double Transfer** (Request for workers to transfer back to **original employer** from a second employer)

1. Canada Revenue Agency (CRA) Business Number	2. Employer ID (if known)	3. Name of Business

4. Business Telephone #	5. Address: Number / Streeet / PO Box # / 911 location
( ) –	

6. City / Country	7. Province	8. Postal Code	9. Date business started (yyyy-mm-dd)

10. Describe the principal business activity

EMPLOYER CONTACT INFORMATION

Primary Contact

11. Contact Name	12. Job Title	13. Preferred Official Language of Correspondence ☐ English ☐ French

14. Contact Telephone #	15. Alternative phone # (ex.: cell phone)	16. Fax Number	17. E-mail
( ) – Ext.	( ) –	( ) –	

Alternative Contact (Please note that if you designate an alternate contact, he/she assumes responsibility for the business for the purposes of applying for a labour market opinion to HRSDC)

18. Contact Name	19. Job Title	20. Preferred Official Language of Correspondence ☐ English ☐ French

21. Contact Telephone #	22. Alternative phone # (ex.: celle phone)	23. Fax Number	24. E-mail
( ) – Ext	( ) –	( ) –	

BUSINESS DETAILS

25. Total # of Canadian seasonal agricultural workers employed		26. Total # of foreign seasonal agricultural workers requested	
This year	Last year	This year	Last year

27. If the requested number of workers is different from last year, please explain

28. List crops / commodities grown, acreage and method harvested

Crop / Commodity	Acreage	Method Harvested
		☐ Fully automated ☐ Semi-automatic ☐ Hand harvested ☐ Job does not require harvesting
		☐ Fully automated ☐ Semi-automatic ☐ Hand harvested ☐ Job does not require harvesting

THIRD PARTY INFORMATION (if applicable)

If you are a third party representative acting on behalf of an employer, written authorization from the employer to act on his/her behalf is required. Employers who wish to have third party representation should fill out the "Appointment of Representative" sheet attached to this form. HRSDC reserves the right to contact the employer directly if necessary.

29. Third Party ID (if known)	30. Company Name	31. Third Party Representative authorized to act for employer

32. Preferred Official Language of Correspondence	33. Address: Number / Street / PO # / 911 location
☐ English ☐ French	

34. City	35. Province / State	36. Country	37. Postal / Zip Code

38. Telephone #	39. Fax Number	40. E-mail
( ) – Ext.	( ) –	

DETAILS OF JOB OFFER

Please provide details for each job offer. If this Application covers more than one job offer and if the offers cover more than on job title, you must complete a separate sheet providing the details of the offer(s) under each job title.

41. Job Title	42. Total # of workers requested for this job title	43. Source Country

44. Main duties/requirements of the job (In addition to duties, please detail any experience/skill requirements)

45. Primary Job location: Number/Street/PO Box #/911 location	46. City	47. Province

48. Language requirements:

Oral: ☐ No language requirements ☐ English ☐ French ☐ Other ▶ Specify::

Written: ☐ No language requirements ☐ English ☐ French ☐ Other ▶ Specify:

49. Wages: Wage per hour: $ _____ Wage per kiln (for Ontario tobacco farmers only): $ _____

50. Please describe your HR plan, provide details of your recruitment activities for Canadians this season and describe the method you intend to use to hire workers (i.e. students, locals):

51. Seasonal housing approval (If prior year is attached, current year must follow as soon as it is available from housing inspection)

Proof of seasonal housing inspection:
prior or current year attached ☐ current year to follow by ☐ _____ (yyyy-mm-dd)

52. Arrival dates for SAWP workers in this job title

Number of Named Workers	Requested arrival date (yyyy-mm-dd)	Anticipated departure date (yyyy-mm-dd)

Number of Unnamed Workers (if applicable)	Requested arrival date (yyyy-mm-dd)	Anticipated departure date (yyyy-mm-dd)

Important Notes

- Workers are hired according to the present year Seasonal Agricultural Worker Program Policy Regulations.
- In all regions (except BC), employers will ensure that the accommodations are approved by the Ministry of health or other appropriate agency prior to the arrival of the workers.
- In BC region, accommodations are approved by the Municipality (if applicable) or an Independent Inspector. If the workers will be housed in a commercial establishment, a copy of the contract between the employer and the facility is required. Service Canada is unable to provide a confirmation without proof of accommodation inspection or a commercial contract.
- It is the responsibility of the employer to sign a copy of the current Agreement for the employment in Canada of seasonal agricultural workers from Mexico/Caribbean. In BC, employers must complete the Agreement for the Employment in Canada of Agricultual Workers from Mexico in British Columbia. Employer must submit a copy of the Agreement to Service Canada with this application.
- Employer agrees to accept substitute workers if named workers are not available.

DECLARATION

I certify that the information provided in this application is true and accurate.

_____ Signature of Employer

_____ Name of Employer (Please Print)

_____ Title of Employer

_____ Date

Any information contained in this Application, including any attachments to it, about an identifiable individual is "personal information" within the meaning of the *Privacy Act*. Your personal information is administered in accordance with the *Department of Human Resource and Skills Development Act* and the *Privacy Act*. The *Privacy Act* gives individuals to whom the information relates the right to access their personal information under the control of a federal government institution. Instructions for making formal requests are outlined in the publication *Info Source,* copies of which are located at all Service Canada Centres or at the following internet address: http://infosource.gc.ca. The personal information collected by HRSDC for the purposes described above will be retained in Personal Information Bank "HRSDC PPU 440".

SIGNATURE OF THIRD PARTY (if applicable)

I certifiy that the information provided in this application is true and accurate to the best of my knowledge.

_____ Signature of Third Party Representive

_____ Name of Third Party Representative (Please Print)

_____ Date

INFORMATION FOR EMPLOYERS

Please forward this application to the nearest Service Canada Centre responsible for processing foreign worker applications.
For the list of appropriate Service Canada Centres consult the National Foreign Worker website at:
http://www.hrsdc.gc.ca/en/epb/lmd/fw/listhrcc.shtml
or consult the blue pages of your telephone directory under Government of Canada.

Once an Officer assesses this application, the employer will be notified of the decision.

APPOINTMENT OF REPRESENTATIVE

To: Human Resources and Skills Development Canada, now styled Department of Human Resources and Social Development (HRSDC)

FOR THE PURPOSE OF A FOREIGN WORKER APPLICATION (Labour Market Opinion)

I _____ , located at
(Name of employer)

_____
(Full address)

_____

Telephone Number: ( ) ___ – ____ Fax Number: ( ) ___ – ____

hereby appoint _____
(Legal name of representative)

of _____
(Full address)

_____

Telephone Number: ( ) ___ – ____ Fax Number: ( ) ___ – ____

as my representative to act on my behalf for the purposes of obtaining from HRSDC a labour market opinion under section 203 of the *Immigration and Refugee Protection Regulations*, with full power to execute all documents and do all things necessary for the completion of any transaction with HRSDC that may be required for obtaining the labour market opinion.

I hereby agree to ratify and confirm all that my representative shall do or cause to be done by virtue of this appointment.

This appointment shall remain in full force and effect.

☐ Continuous - effective on the _____ (Year/Month/Day); or

☐ For a specific period - commencing on the _____ and terminating on the _____ (Year/Month/Day)

unless due notice in writing of its revocation has been received by the Department of Human Resources and Social Development.

_____ _____
Signature of Employer **Name of Employer (Please Print)**

_____
Date

_____ _____
Signature of Witness **Name of Witness (Please Print)**

Personal information is administered in accordance with the *Department of Human Resources and Skills Development Act* and the *Privacy Act*. It will be retained in Personal Information Bank "HRSDC PPU 440". Individuals have the right to access their personal information. For instructions, please consult the government publication Info Source found in all Service Canada Centres and available at the web site: http://infosource.gc.ca