



# LABOUR MARKET IMPACT ASSESSMENT APPLICATION

## LOW-WAGE POSITIONS

Employers should visit the [Temporary Foreign Worker \(TFW\) Program website](#), to verify that the Program is accepting applications for the specific occupation or sector for which they wish to hire the temporary foreign worker (TFW) and to determine if they are eligible to participate in the Program.

### Privacy Notice Statement

The personal information that you provide is collected by Employment and Social Development Canada (ESDC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and the *Immigration and Refugee Protection Regulations* (IRPR), for the purpose of administering and enforcing the Temporary Foreign Worker (TFW) Program.

The information that you provide may be shared with: Immigration, Refugees and Citizenship Canada and the Canada Border Services Agency for the administration and enforcement of the TFW Program and IRPA/IRPR; the Canada Revenue Agency for the administration and enforcement of the TFW Program; and, provincial/territorial governments for the administration and enforcement of provincial/territorial legislation and programs. The information may also be used by ESDC for research and evaluation purposes and to support the administration or enforcement of other programs in ESDC, including Service Canada and the Labour Program.

This information may also be shared with any Party identified by the employer on the LMIA application form or in the employment agreement.

Your personal information is administered in accordance with the IRPA, IRPR, the *Privacy Act*, the *Department of Employment and Social Development Act* (DESDA) and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks: TFWP ESDC PPU 440 and TFW Program Employer Compliance Reviews and Inspections ESDC PPU 715. Instructions for obtaining this information are outlined on the [Treasury Board of Canada Secretariat website](#).

This website may also be accessed on-line at any Service Canada Centre. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information on the [Office of the Privacy Commissioner of Canada website](#).

**A person, who contravenes a provision set out under sections 126 or 127 of the Immigration and Refugee Protection Act (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years.**

SECTION 1: BUSINESS INFORMATION			
1. Canada Revenue Agency Business Number (First 9 digits are mandatory for Canadian Employers):		2. Business Legal Name (as registered with CRA):	
3. Business Address (as registered with CRA): Line 1:		4. City:	5. Province/Territory/State:
Line 2:		6. Country:	7. Postal/Zip Code:
8. Mailing Address (if different from business address): Line 1:		9. City:	10. Province/Territory/State:
Line 2:		11. Country:	12. Postal/Zip Code:
13. Website Address:		14. Date business started (YYYY-MM-DD):	
15. Organization type and structure (select all that apply): Business: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Co-operative <input type="checkbox"/> Other: <input type="checkbox"/> Non-profit <input type="checkbox"/> Registered Charity			
SECTION 2: EMPLOYER CONTACT INFORMATION			
PRINCIPAL EMPLOYER CONTACT INFORMATION (This person must be the employer or be an employee of the employer)			
1. First Name:		Middle Name:	2. Job Title:
3. Telephone Number:		Ext:	4. Other Telephone Number:
Ext:		Ext:	5. Fax Number:
6. Email Address:		7. Email Preference: <input type="checkbox"/> Do not contact via email	8. Language of Correspondence: <input type="checkbox"/> English <input type="checkbox"/> French
9. Mailing Address: Line 1:		10. City:	11. Province/Territory/State:
Line 2:		12. Country:	13. Postal/Zip Code:

<b>ALTERNATE EMPLOYER CONTACT INFORMATION (This person must be the employer or be an employee of the employer)</b>									
14. First Name:		Middle Name:		Last Name:		15. Job Title:			
16. Telephone Number:		Ext:		17. Other Telephone Number:		Ext:		18. Fax Number:	
19. Email Address:				20. Email Preference:		21. Language of Correspondence:			
				<input type="checkbox"/> Do not contact via email		<input type="checkbox"/> English <input type="checkbox"/> French			
22. Mailing Address:				23. City:		24. Province/Territory/State:			
Line 2:				25. Country:		26. Postal/Zip Code:			
<b>SECTION 3: THIRD-PARTY INFORMATION</b>									
1. Are you a third-party, and/or is the employer appointing a third-party to represent them for the assessment of this Labour Market Impact Assessment (LMIA) application? <b>Note:</b> The employer is responsible for all decisions made on their behalf by the third-party, for the purpose of this LMIA application.									
<input type="checkbox"/> Yes    If yes, continue completing <b>Section 3: Third-party Information</b> <input type="checkbox"/> No    If no, skip to <b>Section 4: Labour Market Impacts</b>									
2. Canada Revenue Agency Business Number (first 9 digits are mandatory for Canadian businesses):									
3. Business Legal Name (as registered with CRA):					4. Business Operating Name (if different from Legal Name):				
5. Business Address:					6. City:			7. Province/Territory/State:	
Line 2:					8. Country:			9. Postal/Zip Code:	
<b>THIRD-PARTY CONTACT INFORMATION (Authorized representative acting on behalf of the employer)</b>									
10. First Name:		Middle Name:		Last Name:		11. Job Title:			
12. Telephone Number:		Ext:		13. Other Telephone Number:		Ext:		14. Fax Number:	
15. Email Address:				16. Email Preference:		17. Language of Correspondence:			
				<input type="checkbox"/> Do not contact via email		<input type="checkbox"/> English <input type="checkbox"/> French			
18. Mailing Address Line 1:				19. City:		20. Province/Territory/State:			
Line 2:				21. Country:		22. Postal/Zip Code:			
23. Is the third-party being paid by the employer to represent them for the purpose of obtaining this Labour Market Impact Assessment (LMIA)?									
<input type="checkbox"/> Yes    If yes, then which applies to the third-party?					<input type="checkbox"/> No    If no, then which applies to the third-party?				
<input type="checkbox"/> a member of the Immigration Consultants of Canada Regulatory Council (ICCRC)			Membership ID: _____		<input type="checkbox"/> a family member or friend				
<input type="checkbox"/> a member of the law society of the following province/territory: _____			Membership ID: _____		<input type="checkbox"/> a member of a non-governmental or a religious organization				
<input type="checkbox"/> a member of the <i>Chambre des notaires du Québec</i>			Membership ID: _____		<input type="checkbox"/> a member in good standing of the ICCRC, a provincial or territorial law society, or the <i>Chambre des notaires du Québec</i> doing pro bono work				
<input type="checkbox"/> other (please describe): _____					<input type="checkbox"/> other (please describe): _____				

**SECTION 4: LABOUR MARKET IMPACTS**

1. How many employees are employed nationally under the employer's 9 digit CRA business number?		2. Did the business report more than \$5 million (CAD) in annual gross revenue to CRA during its last tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Will offering this job to a TFW result in direct job creation or job retention of Canadians/permanent residents?  <input type="checkbox"/> No <input type="checkbox"/> Yes		4. If yes, provide details:	
5. Will offering this job to a TFW result in the development or transfer of skills and knowledge for the benefits of Canadians/permanent residents?  <input type="checkbox"/> No <input type="checkbox"/> Yes		6. If yes, provide details:	
7. Will offering this job to a TFW fill a labour shortage?  <input type="checkbox"/> No <input type="checkbox"/> Yes		8. If yes, provide details:	
9. Please describe any other benefits to the Canadian labour market that will result from offering this job to a TFW:			
10. Were any employees laid off in the past 12 months?  <input type="checkbox"/> No <input type="checkbox"/> Yes		11. If yes, how many Canadians/permanent residents? _____ How many TFWs? _____	
		What was the reason for the layoffs, and which occupations were affected?	
12. Will the hiring of the TFW(s) requested in this application lead to job losses, or a reduction in work hours, now or in the foreseeable future, for Canadian/permanent resident employees in your workforce or to the Canadian workforce more generally as a result of lay-offs including those resulting from outsourcing, off-shoring or other factors related to utilizing a TFW?  <input type="checkbox"/> No <input type="checkbox"/> Yes		13. If yes, provide details of hiring the TFW(s) on your workforce and the Canadian workforce more generally:	
14. Does the business receive support through Employment and Social Development Canada/Service Canada's Work-Sharing program?  <input type="checkbox"/> No <input type="checkbox"/> Yes		15. If yes, provide details:	
16. Is there a labour dispute in progress at the job location?  <input type="checkbox"/> No <input type="checkbox"/> Yes		17. If yes, provide details:	

**SECTION 5: JOB OFFER DETAILS**

1. How many TFWs is the employer applying for in this occupation?

2. What is the job title of the position being offered to the TFW(s):

3. Describe, in your own words and in as much detail as possible, the main duties of the position:

4. Provide a rationale for the job offer the employer is making to the TFW(s) and describe how this will meet the employer's employment needs:

5. What is the expected employment start date (YYYY-MM-DD)?

6. What is the expected employment duration?

☐ day(s)☐ week(s)☐ month(s)☐ year(s)

7. Why is the TFW required for this duration?

8. Indicate the language requirement stated in the offer of employment:

☐ This position does not require the ability to communicate in any specific language.☐ This position requires the ability to communicate orally in:☐ English☐ French☐ English or French☐ English and French☐ The position requires the ability to communicate in writing in:☐ English☐ French☐ English or French☐ English and French

The position requires the ability to communicate in a language other than English or French.

☐ If this option is selected, indicate the other language required for the position and provide a rationale:

9. Minimum education requirements of the job:

- |                                                                                     |                                                              |                                                               |                                          |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> No formal education requirement                            | <input type="checkbox"/> Completion of some secondary school | <input type="checkbox"/> College level diploma/certificate    | <input type="checkbox"/> Doctorate/Ph.D. |
| <input type="checkbox"/> Completion of secondary school                             | <input type="checkbox"/> Bachelor's degree                   | <input type="checkbox"/> Doctor of Medicine                   |                                          |
| <input type="checkbox"/> Apprenticeship, trade or vocational diploma or certificate | <input type="checkbox"/> Master's degree                     | <input type="checkbox"/> Other minimum education requirements |                                          |

Describe the specific diploma/certificate, degree, Ph.D. or other education requirements that the job requires:

10. Minimum experience/skills requirements of the job (include years of experience and/or occupational designations such as CPA, RN, P.Eng.):

11. Is the occupation regulated at a federal/provincial/territorial level and requires occupational certification, licensing, or registration?

☐ No ☐ Yes

12. If yes, indicate the type of occupational certification, licensing, or registration and the name of the issuing body/ authority:

**SECTION 6: WORK LOCATION**

1. Business Operating Name of the primary work location:

2. Describe, in your own words and in as much detail as possible, the principal business activity at the primary work location:

3. Address of the primary location where the TFW will work:  
Line 1:

4. City:

5. Province/Territory/State:

Line 2:

6. Country:

7. Postal/Zip Code:

**Note:** If necessary, attach a separate sheet. If the TFW will be working at multiple locations, include the business operating name, the description of the principal business activity, and the address of each additional work location.

**SECTION 7: HOURS, PAY AND BENEFITS**

1. What is the wage range for all employees currently working in this same occupation, with the same skills and years of experience, at this work location?

Lowest Wage: \_\_\_\_\_ \$/hr    Highest Wage: \_\_\_\_\_ \$/hr    **OR**

☐ there are no employees currently working in this occupation, with the same skills and years of experience, at this work location

**Note:** The wage range should be from the last 2 pay periods that have occurred within the 6 weeks prior to submitting the application.

2. How many hours will the TFW work each day?

3. How many hours will the TFW work each week?

4. Will the TFW have an atypical schedule without standard daily or weekly hours?

☐ No    ☐ Yes

5. If yes, provide details:

6. Is the employer's job offer for a full-time position (average of at least 30 hours per week) throughout the duration of employment covered by this LMIA?

☐ No    ☐ Yes

7. If no, provide details:

8. What is the regular (non-overtime) wage in Canadian dollars per hour being offered to the TFW?

9. What is the overtime wage in Canadian dollars per hour being offered to the TFW? (if applicable and must meet provincial/territorial requirements)

Overtime rate of \$ per hour

Starting after

\_\_\_\_\_ hours per day **AND/OR**

**Note:** Employers must provide the calculation of an hourly wage in \$CAD, even if the position is salaried, paid in foreign currency, or paid by piecework.

☐ N/A

\_\_\_\_\_ hours per week

10. Was the wage converted from a monthly or yearly salary, or a currency other than Canadian dollars, or both?

☐ No    ☐ Yes

11. If yes, provide calculations used to obtain hourly \$CAD wage:

12. Will the TFW be paid any contingent wages (e.g. piecework, mileage, commissions, guaranteed bonuses, or predictable overtime)?

☐ No    ☐ Yes

13. If yes, provide details:

14. Is the position part of a union?

☐ No    ☐ Yes

If yes, attach the section(s) of the collective bargaining agreement that list rates of pay.

15. Benefits (additional benefits offered over and beyond the provincial/territorial requirements):

☐ Disability insurance    ☐ Dental insurance    ☐ Employer-provided Pension    ☐ Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment)

☐ Other benefits (explain):

16. Vacation (must meet minimum provincial/territorial requirements):

Days \_\_\_\_\_ (# of business days per year)    Remuneration \_\_\_\_\_ (% of gross salary)    ☐ N/A

## SECTION 8: RECRUITMENT

1. Is the position subject to a variation in minimum advertising requirements as listed on the [TFW program website](#), including the Quebec Facilitated Process?

☐ Yes If yes, specify the variation requested and provide a rationale for meeting its criteria:

**Refer to the website for guidance on the applicable recruitment or advertising variation and continue completing Section 8: Recruitment only if necessary.** Variations are subject to review.

☐ No If no, proceed to the next question

2. Did the employer try to recruit Canadians/permanent residents prior to submitting this LMIA application for this job?

**Note:** Most program streams require recruitment efforts within the 3 months prior to submitting an application. Please refer to the [website](#) for more details.

☐ No If no, explain why the employer has not attempted to recruit Canadians/permanent residents:

☐ Yes If yes, complete all the applicable boxes and provide the required information below

Method	Name of Advertising Source	Website Address (if applicable)	Advertisement #	Publication Date	Expiry Date

Proof of recruitment must be submitted with the application (i.e. copy of advertisements and information to support where, when and for how long the position was advertised).

3. How many applications/resumes were received from Canadians/permanent residents?

4. How many Canadians/permanent resident applicants were interviewed?

5. How many Canadians/permanent residents were offered the position?

6. How many Canadians/permanent residents were hired?

7. How many Canadians/permanent residents declined a job offer?

8. How many Canadians/permanent residents applied but were not interviewed or offered the position?

9. For each unsuitable Canadian/permanent resident applicant, provide a detailed explanation as to why the candidate did not meet the requirements of the position. However, **do not provide the names of the candidates** (e.g. applicant #1 – has not completed the apprenticeship program and therefore cannot work as a journey person).

**Note:** If necessary, attach a separate sheet.

## SECTION 9: ACCOMMODATION

1. Will the employer provide the TFW with suitable and affordable accommodations?

☐ No If no, please describe what the employer will do to assist the TFW with accommodation:

☐ Yes If yes, please answer the following questions:

2. Rent amount: \_\_\_\_\_ \$ CAD ☐ per week or ☐ per month

3. Type of accommodation: ☐ House ☐ Apartment ☐ Dorm ☐ Other If Other, please specify: \_\_\_\_\_

4. Number of bedrooms: \_\_\_\_\_ 5. Number of total occupants in the accommodation (including TFW): \_\_\_\_\_

6. Number of bathrooms: \_\_\_\_\_ 7. Please describe any other relevant specifications of the accommodation:

## SECTION 10: CAP FOR LOW-WAGE POSITIONS

### EXEMPTIONS TO THE CAP:

1. There are exemptions to the low-wage cap requirement. You must check the applicable box if one of the following applies to the position the employer is requesting in this application form:

- ☐ if the employer has fewer than 10 employees nationally, including the vacant positions being applied for to staff with temporary foreign workers
- ☐ highly mobile or truly temporary positions (120 calendar days or less); this duration could be extended on a case-by-case basis if you can demonstrate that the peak season, project or event operates beyond 120 calendar days:
- highly mobile is defined as a workforce that regularly crosses inter-jurisdictional boundaries (e.g. provincial, territorial and/or international) as part of the business's ongoing operations;
  - truly temporary is defined as a specific short-term period or singular event and the position will not be filled after the worker leaves the country
- ☐ low-wage positions in seasonal industries that do not go beyond 180 calendar-days.
- seasonal is defined as when both the industry and the occupation experience significant fluctuations in labour demand between "peak" and "off-peak" periods, usually occurring on or around the same dates every year.
  - This exemption can only be used once, per work location, for applications received between February 19, 2016 and December 31, 2016, inclusively. Effective January 1, 2017, this exemption can be used again one time per work location, for Labour Market Impact Assessment applications received between January 1, 2017 and December 31, 2017, inclusively.
- ☐ caregiving positions in a health care facility (NOC 3012, 3233, and 3413)
- ☐ on-farm primary agricultural positions such as:
- farm managers/supervisors and specialized livestock workers (NOC 0821, 0822, 8252, and 8255); and;
  - general farm workers, nursery and greenhouse workers and harvesting labourers (NOC 8431, 8432 and 8611)

2. Please provide a rationale for why the employer believes they should be exempt from the cap, based on the selection made above (if applicable):

If the employer is exempt from the cap requirement, skip to:

### SECTION 11: DECLARATION OF THE THIRD-PARTY REPRESENTATIVE (IF APPLICABLE)

If the employer is NOT exempt from the cap requirement, you must **complete the remainder of SECTION 10: CAP FOR LOW WAGE POSITIONS.**

**It is recommended to keep a copy of this section and any related documentation, such as payroll records, as the information included in these documents may be required for any future applications for TFWs in low-wage positions at the work location specified on this section.**



**PURPOSE:**

The purpose of this section is to ensure that employers who are hiring temporary foreign workers (TFWs) and offering them a wage that is below the [provincial/territorial median hourly wage](#), are subject to a cap on the proportion of TFWs they can hire in low-wage positions at a work location.

The cap, implemented on June 20, 2014, was phased in to provide employers who use the Temporary Foreign Worker Program time to transition to a Canadian workforce which means that they are limited to a:

- 20 % cap on the number of TFWs in low-wage positions or their established estimated cap (whichever is lower), if they employed a TFW in a low-wage position prior to June 20, 2014.
- 10 % cap on the number of TFWs in low-wage positions if they did not employ a TFW in a low-wage position prior to June 20, 2014.

**SECTION 10A: ESTABLISHING THE CAP**

This sub-section must be completed for each work location to establish the cap of TFWs in low-wage positions (positions where the wage being offered is below the median hourly wage in the province/territory where the job is located) and at a specific work location.

Employers who did not employ TFWs in low-wage positions before June 20, 2014 can skip to Question 6 and enter 10% as the [ESTCAP].

For the purpose of establishing the cap, individuals who should be counted as part of the total number of employees ([A] and [B]) but not as low-wage TFWs ([C]) are:

- Foreign nationals who are LMIA-exempt by Immigration, Refugees and Citizenship Canada (IRCC);
- TFWs working in low-wage positions which are exempt from the cap (e.g. primary agriculture).

1. Select four consecutive weeks between May 10, 2014 and June 20, 2014 to calculate the number of workers at the specified work location

The four-week period used is: from \_\_\_\_\_ to \_\_\_\_\_

**Employers in seasonal industries** (seasonal is considered when both the industry and the occupation experience significant fluctuations in labour demand between “peak” and “off-peak” periods, usually occurring on or around the same dates every year) should use four consecutive weeks that best represent their peak season between June 21, 2013 and June 20, 2014.

2. Indicate the total number of **full-time** employees at the work location (include all positions staffed by Canadians, permanent residents, current TFWs and all other workers on open work permits, student visas, etc., working an average of 30 hours per week **or more** during the selected four-week period.): \_\_\_\_\_ [A]

3. Indicate the total number of **part-time** employees at the work location (include all employees working **less than** 30 hours per week during the selected four week-period): \_\_\_\_\_ [B]

4. Indicate the total number of TFWs in low-wage positions at the work location during the selected four week period: \_\_\_\_\_ [C]

5. Calculate the total percentage of TFWs in low-wage positions:  $C \div [A + (B/2)] \times 100$

Step 1: Divide [B] by two and add [A] = \_\_\_\_\_

Step 2: Divide [C] by the result from step 1 = \_\_\_\_\_

Step 3: Multiply the result from Step 2 by 100 \_\_\_\_\_ [D]

6. Enter the established cap for the work location.

Employers that employed TFWs in low-wage positions before June 20th, 2014:

- If [D] is greater than 20%, enter 20% as your **[ESTCAP]**
- If [D] is less than 20% enter that number or 10% (whichever is higher) as your **[ESTCAP]**

Employers who did not employ TFWs in low-wage positions before June 20, 2014 enter 10% as your **[ESTCAP]**

**Enter the established cap for the work location to the nearest one-hundredth of a percent (two decimal points or XX.XX%) :** \_\_\_\_\_ **[ESTCAP]**

## DETERMINING THE EFFECT ON THE CAP

Employers must calculate how many low-wage positions filled by, or offered to, TFWs will affect the percentage of TFWs in low-wage positions in their total workforce.

Employers must not include any existing TFWs in low-wage positions who will have permanently left the work location prior to the employment start date.

### SECTION 10B. DETERMINING THE EFFECT ON THE CAP (to be completed by employers in non-seasonal industries).

For the purpose of determining the effect on the cap for employers in non-seasonal industries, individuals who should be counted as part of the total number of employees at the work location ([A] and [B]) but not as low-wage TFWs ([C], [D], [E]) are:

- Foreign nationals who are LMIA-exempt by IRCC;
- TFWs working in low-wage positions which are exempt from the cap (e.g. primary agriculture);
- Foreign workers who have received a nomination certificate from a Provincial Nominee Program (PNP).

1. Select the four consecutive weeks immediately prior to the date on which the employer signed the LMIA application to calculate the number of workers at the specified work location.

The four-week period used is: \_\_\_\_\_ to \_\_\_\_\_

2. Indicate the total number of **full-time** employees (include all positions staffed by Canadians, permanent residents, current TFWs and all other workers on open work permits, student visas, etc.), at the work location that are working an average of 30 hours per week **or more** during the selected four-week period: \_\_\_\_\_ [A]

3. Indicate the total number of **part-time** employees at the work location (include all employees working **less than** 30 hours per week during the selected four-week period): \_\_\_\_\_ [B]

4. Indicate the total number of TFWs in low-wage positions at the work location during the selected four-week period, excluding all TFWs in positions applied for in the LMIA application. \_\_\_\_\_ [C]

5. Indicate the total number of low-wage positions offered **in the LMIA application** to TFWs already employed at the work location for the purposes of obtaining a work permit extension: \_\_\_\_\_ [D]

6. Indicate the total number of low-wage positions offered **in the LMIA application** to new TFWs, and the total number of low-wage TFWs **hired but who have not started work** (previously approved LMIA applications) at the work location: \_\_\_\_\_ [E]

7. Calculate the effect of the LMIA application on the established cap for the work location:  
 $\{(C + D + E) \div [A + (B/2) + E]\} \times 100$

Step 1: Add [C] + [D] + [E] = \_\_\_\_\_

Step 2: Divide [B] by two then add [A] and [E] = \_\_\_\_\_

Step 3: Divide the result from Step 1 by the result from Step 2 = \_\_\_\_\_

Step 4: Multiply the result from Step 3 by 100:

**Enter the effect on cap for the work location**

**to the nearest one-hundredth of a percent (two decimal points or XX.XX%):** \_\_\_\_\_ [F]

8. Enter the cap that has been established for the work location:

Refer to the result that was calculated for question #6 in Section 10A. Establishing the Cap

\_\_\_\_\_ [ESTCAP]

**If the effect of the LMIA application [F] results in the employer exceeding the established cap for the work location [ESTCAP], the application will not be processed.**

**SECTION 10C: DETERMINING THE EFFECT ON THE CAP: (to be completed by employers in seasonal industries)**

For the purpose of determining the effect on the caps for employers in seasonal industries, individuals who should be counted as part of the total number of employees at the work location ([A] and [B]) but not as low-wage TFWs ([C], [D], [E]) are:

- Foreign nationals who are LMIA-exempt by IRCC;
- TFWs working in low-wage positions which are exempt from the cap (e.g. primary agriculture);
- Foreign workers who have received a nomination certificate from a PNP.

1. Select the four consecutive weeks during the peak period from June 21 last year to June 20 this year to calculate the number of workers at the specified work location ([A] and [B]).

The four-week period used is: \_\_\_\_\_ to \_\_\_\_\_

2. Total number of **full-time** employees (include all positions staffed by Canadians, permanent residents, current TFWs and all other workers on open work permits, student visas, etc.), at the work location that are working an average of 30 hours per week **or more** during the selected four-week period: \_\_\_\_\_ [A]

3. Indicate the total number of **part-time** employees at the work location (include all employees working **less than** 30 hours per week during the selected 4-week period): \_\_\_\_\_ [B]

4. Indicate the total number of low-wage positions **currently** filled by TFWs at the work location, excluding all TFWs in positions applied for in the LMIA application. \_\_\_\_\_ [C]

5. Indicate the total number of low-wage positions offered **in the LMIA application** to TFWs already employed at the work location for the purposes of obtaining a new work permit: \_\_\_\_\_ [D]

6. Indicate the total number of low-wage positions offered **in the LMIA application** to new TFWs who are not currently employed at the work location, and the total number of low-wage TFW positions **hired but who have not started work** (previously approved LMIA applications) at the work location: \_\_\_\_\_ [E]

7. Calculate the effect of the LMIA application on the established cap for the work location:  
 $\{(C + D + E) \div [A + (B/2)]\} \times 100$

Step 1: Add [C] + [D] + [E] = \_\_\_\_\_

Step 2: Divide [B] by two then add [A] = \_\_\_\_\_

Step 3: Divide the result from Step 1 by the result from Step 2 = \_\_\_\_\_

Step 4: Multiply the result from Step 3 by 100:

Enter the effect on cap for the work location  
to the nearest one-hundredth of a percent (two decimal points or XX.XX%): \_\_\_\_\_ [F]

8. Enter the cap that has been established for the work location:

This is the result that was calculated for question #6 in Section 10A. Establishing the Cap

\_\_\_\_\_ [ESTCAP]

**If the effect of the LMIA application [F] would result in the employer exceeding the established cap for the work location [ESTCAP], the application will not be processed.**

## EMPLOYER RESPONSIBILITIES

Temporary Foreign Workers have the same rights as Canadians and permanent residents and are covered under the same labour legislation and regulations. The Government of Canada takes the health and safety of foreign workers very seriously and will not tolerate any form of abuse of foreign workers or of the Temporary Foreign Worker Program.

When hiring a Temporary Foreign Worker for the *Low-wage Stream of the Temporary Foreign Worker Program*, Employers should be aware of their responsibilities which include:

- Adhering and complying with federal-provincial/territorial legislation and regulations pertaining to recruitment, employment standards and occupational health and safety.
- Making reasonable efforts to provide a workplace that is free from physical, sexual, psychological and financial abuse and must not confiscate the temporary foreign worker's identification.
- Ensuring that the temporary foreign worker(s) are performing the same occupation and duties as you had offered them and were reported by you during the application process
- Ensuring that the working conditions in the offer of employment meet generally accepted Canadian standards and remain so for the duration of the employment.
- You must provide temporary foreign workers with the same wages and benefits as those provided to Canadian and permanent resident employees working in the same occupation that are consistent with the prevailing wage for the occupation and region where the worker is employed. Wages paid during employment must remain substantially the same as the wages offered and not less favourable.
- Employers must always ensure that the TFWs they want to hire under the TFW Program are covered from the provincial/territorial workplace safety insurance provider, **where required by law**. In provinces/territories where the provincial/territorial legislation allows employers the flexibility to opt for a private insurance plan, employers must ensure that:
  - o any private plan chosen provides the same or better coverage than that offered by a province/territory; and,
  - o all employees on the worksite are covered by the same provider with the same benefits
- Pay for the round-trip transportation costs (for example plane, train, boat, car, bus) of the temporary foreign worker (TFW) to the location of work in Canada, and back to the TFW's country of permanent residence.
- Providing or ensuring that suitable and affordable housing is available.
- Providing the worker with a copy an employment contract which has been signed by the employer and the worker which clearly outlines the terms and conditions of employment.
- Not recovering costs of hiring the temporary foreign worker(s) such as the LMIA fee, recruitment, etc. This also applies to any third parties used.
- Reporting any errors or changes to an approved LMIA or the temporary foreign worker to ESDC/Service Canada.
- Retaining all documentation that relates to compliance with program acts, regulations and requirements for a period of six years beginning on the first day of employment of the foreign national.
- Giving all reasonable assistance to an officer conducting an inspection such as but not limited to attending interviews and on-site inspections, answering questions, and providing information and documentation that relates to all Program conditions and requirements.

Employers who are found non-compliant with these conditions may be subject to consequences including: warnings; issuance of negative Labour Market Impact Assessments; administrative monetary penalties; bans from the program; suspension and/or cancellation of approved labour market assessments; and/or the publishing of the business name on a public website along with details of the violation.

For more details on the program requirements of the Temporary Foreign Worker Program, please visit the [Hiring a Temporary Foreign Worker website](#) .

**SECTION 11: DECLARATION OF THE THIRD-PARTY REPRESENTATIVE (IF APPLICABLE)**

☐ I, hereby, declare that the information in **SECTION 3: THIRD-PARTY INFORMATION** is true, accurate and complete.

\_\_\_\_\_  
Signature of the Third-party Representative

\_\_\_\_\_  
Printed name of the Third-party Representative

\_\_\_\_\_  
Date (YYYY-MM-DD)

**SECTION 12: APPOINTMENT OF THIRD-PARTY (IF APPLICABLE)**

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources).

**FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION:**

☐ I, hereby, appoint the third-party named in **SECTION 3: THIRD-PARTY INFORMATION** as my representative to act on my behalf in order to obtain a Labour Market Impact Assessment from ESDC/Service Canada in order to hire a foreign national for the position described above.

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

This appointment shall remain in full force and effect only for the processing of this application, unless due notice in writing of its revocation has been given to ESDC/Service Canada.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Employer #2 (if applicable)

\_\_\_\_\_  
Printed Name of Employer #2

\_\_\_\_\_  
Date (YYYY-MM-DD)

**SECTION 13: SIGNATURE OF EMPLOYER**

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources). For In-home Caregiver positions, employers must be the parent or legal guardian of the child receiving care, be the recipient of care or have a valid power of attorney for the individual receiving care.

☐ By signing this document employers attest that they have read and understood the Privacy Notice Statement found at the beginning of this application; that the information provided in this Labour Market Impact Assessment application is true, accurate and complete; and that they understand, accept, and will comply with all Temporary Foreign Worker Program requirements, as specified in the [Immigration and Refugee Protection Act](#), [Immigration and Refugee Protection Regulations](#) and all of the [Temporary Foreign Worker Program requirements](#).

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of the Employer

\_\_\_\_\_  
Title of Employer

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Employer #2 (if applicable)

\_\_\_\_\_  
Printed Name of the Employer #2

\_\_\_\_\_  
Title of Employer #2

\_\_\_\_\_  
Date (YYYY-MM-DD)

A person, who contravenes a provision set out under sections 126 or 127 of the [Immigration and Refugee Protection Act](#) (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years.

**Important:** Employers must immediately inform Service Canada of any changes related to the foreign worker's terms and conditions of employment as described in the positive LMIA letter and any annexes. If Service Canada accepts the employer's changes to the original LMIA, the employers' file will be updated accordingly. In accordance with the provisions of the Immigration and Refugee Protection Regulations, ESDC may conduct an inspection to verify the employer's compliance with the conditions set out in the positive LMIA letter and annexes. As a result, this inspection could include a review of the employer's file and if Service Canada does not have a copy of the changes, the employer will be held accountable for the information that is on file.

**SUPPORTING DOCUMENTATION AND APPLICATION SUBMISSION**

Employers must sign and send the [completed application](#), and [all required documentation \(varies\)](#), to the [appropriate Processing Centre \(varies\)](#).

**Note:** If an application is not complete, Service Canada staff will inform the employer that the application will not be processed. Incomplete applications and supporting documents submitted with the application will not be retained or returned to the employer. As a result, employers are advised to submit copies, not original documents.

## TEMPORARY FOREIGN WORKER INFORMATION TEMPLATE

Complete and attach with the application the names of the Temporary Foreign Workers. If the names of the TFWs have not been identified yet, leave the Template blank. If more room than provided below is needed, please attach additional sheets to identify additional workers.

**Note:**  
After the positive LMIA letter and annexes have been issued, six months will be allocated to the:  
- Employer to provide ESDC/Service Canada with the names of the TFWs; and  
- TFWs to submit an application for a work permit to Immigration, Refugees and Citizenship Canada (IRCC).

### WORKER #1

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

### WORKER #2

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

### WORKER #3

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

### WORKER #4

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

### WORKER #5

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

### WORKER #6

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

### WORKER #7

First name:	Last Name:
Date of Birth (YYYY-MM-DD):	Country of residence:

**Please complete the Labour Market Impact Assessment - Processing Fee  
Payment Form Printed on next page**

For office use only

## LABOUR MARKET IMPACT ASSESSMENT - PROCESSING FEE PAYMENT FORM TEMPORARY FOREIGN WORKER PROGRAM

Employers must pay a processing fee for each position requested, except applications that involve on-farm primary agriculture occupations such as farm managers/supervisors and specialized livestock workers and general farm workers, nursery and greenhouse workers and harvesting labourers (specifically NOC codes 0821, 0822, 8252, 8255, 8431, 8432 and 8611), and those solely to support a foreign national's immigration application.

The total processing fee must be paid before the employer's LMIA application can be processed.

**Note:** No costs associated with seeking an LMIA, including this processing fee, may be directly or indirectly recovered from the TFW.

### Step 1 - Complete employer information section:

<b>Employer Business Name:</b>	
<b>Canada Revenue Agency Business Number:</b> <i>(First 9 digits are mandatory for Canadian employers)</i>	

### Step 2 - Calculate total labour market impact assessment processing fee in Canadian dollars:

Number of positions requested \_\_\_\_\_ X \$1,000 = TOTAL, processing fee payment of \$ CAD \_\_\_\_\_

### Step 3 - Select method of payment:

☐ Certified cheque or money order (postal or bank) made payable to the Receiver General for Canada

☐ Credit Card (Visa, MasterCard or American Express)

For payment by credit card, complete and sign this section

CREDIT CARD INFORMATION AND PAYMENT AUTHORIZATION			
Name of cardholder (as it appears on the credit card):	Employer primary contact name:		
Credit card type:  <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Last 4 digits or credit card:		
<b>AUTHORIZATION:</b>  I authorize ESDC/Service Canada in the name of the Receiver General for Canada to charge _____ \$ CAD to my credit card This is permission for a single transaction, and does not provide authorization for any additional charges.			
Signature of cardholder:	Date :	YYYY	MM
		DD	

#### NOTE:

Refunds will only be provided if a fee was collected in error (e.g. an incorrect fee amount was processed). There will not be refunds in the event of a negative labour market impact assessment since the fee covers the process to assess an application and not the outcome.



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#### To be destroyed after processing

Credit card number:	Expiry date:	MM	YYYY