

EMPLOYER APPLICATION FORM

BUSINESS INFORMATION

Legal/Corporate Name (as registered with the CRA)			
Operating/Trade Name (if different than legal name)			
Business Type/Description			
NAICS Code (5-digit code) Leave blank if unsure.		Is this a Franchise Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Full-time Employees		# of Part-time Employees	
Are you a consultant filling out the application on behalf of a local business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Consultant Name:		Company:	
Member in good standing with the College of Immigration & Citizenship Canada (CICC)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PHYSICAL BUSINESS ADDRESS (PO BOXES NOT ACCEPTED)

Street Address			
City/Town		Province	
Postal Code		Multiple Locations	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS MAILING ADDRESS

<input type="checkbox"/> Check if same as physical address (above)	Mailing Address		
City/Town		Province	
Postal Code			

BUSINESS CONTACT INFORMATION

Owner Name		Phone Number	
Main Contact Name (if different from owner)		Phone Number	
Main Contact Position Title		Business Email	
LLB County Business Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Licence #	

IMMIGRATION PROGRAM EMPLOYER QUESTIONNAIRE

Has the employer been document for any violations through Alberta Health Services in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employer received any Occupational Health & Safety complaints within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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IMMIGRATION PROGRAM EMPLOYER QUESTIONNAIRE CONT.

Is the employer currently in violation of any federal, provincial, or municipal laws or regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employer in good standing with the Worker's Compensation Board of Alberta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employer in good standing with Immigration, Refugees and Citizenship Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMMIGRATION PROGRAM KNOWLEDGE

Does the employer have experience working with other immigration programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain: (For example, what immigration stream? What job vacancies were filled? How many job vacancies were filled?)

IMMIGRATION SUPPORT

How does the employer offer a safe and welcoming environment? Please explain.

Would you be interested in more training on safe and welcoming work environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What will you do to welcome the newcomers to our community and make them aware of the amenities and support in Lac La Biche County?

Please describe your housing plan for newcomers. Describe what the business will do to assist candidates with securing suitable and affordable housing.

- Research affordable accommodations Engage with local Realtors Provide own staff housing
- Pay their rental deposit Pay their rent temporarily Other*

*Please describe:

Please note that Employer Application approvals may take up to 30 days and are addressed in a queue of received date order.

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EMPLOYER DECLARATION

I, _____, the _____ of
 (Print Name) (Position Title)
 _____ in _____,
 (Company) (City/Town)

Alberta, am authorized to sign on behalf of the company and solemnly declare all information provided is true, accurate, and complete and that the employer:

- Is located within the municipal boundaries of Lac La Biche County, including the Hamlet of Lac La Biche, the Hamlet of Plamondon and Greater Region.
- Has considered Canadians and Permanent Residents for the subject job.
- Is offering a job which is full-time (minimum 30 hours per week), non-seasonal and permanent (12 months or more).
- Is offering a job which meets or exceeds the lowest starting wage for the occupation across all industries in Alberta as set out in the Alis Website.
- Confirms that the majority of the job duties will be performed within Lac La Biche County.
- Is not known to be in violation of any federal, provincial or municipal legislation.
- Agrees to abide by the rules and guidelines of the Lac La Biche County Rural Renewal Stream Program and has reviewed the program requirements on the Lac La Biche County Website.
- Has reviewed and will comply with eligibility requirements under the Alberta Advantage Rural Renewal Stream.
- Will review and confirm eligibility requirements with any prospective candidates prior to issuing an offer of employment, including admissibility requirements under the Immigration and Refugee Protection Act and its Regulations.
- Understands that misrepresentation could result in disqualification from the program.

General Liability Release and Indemnity: The Employer does Hereby WAIVE, RELEASE, HOLD HARMLESS and FOREVER DISCHARGE Lac La Biche County, their agents, employees, volunteers, successors, and assigns any and all persons, firms, or corporations liable or who might be claimed to be liable, whether or not herein named (the "Releasees"), from all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained while participating in the Lac La Biche County Rural Renewal Stream and the Alberta Advantage Rural Renewal Program (collectively "Programs"), or while employing anyone in relation to the Programs, regardless of whether such loss or damage is caused by the negligence of the Releasees, or otherwise, and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law. It is my express intent that this General Liability Release shall bind the Employer and its officers, directors, employees and assigns, and shall be deemed as a RELEASE, DISCHARGE, and COVENANT NOT TO SUE the abovenamed Releasees as stated above.

In signing this Application, I acknowledge and represent on my own behalf and on behalf of the Employer that I have read the foregoing General Liability Release and Indemnity agreement, understand it and sign it voluntarily as my own free act and deed; no representations, statements or inducement has been made; I am at least eighteen (18) years of age and fully competent; and I execute this Application for full, adequate and complete consideration fully intending to be bound by same with full authority to execute the same on behalf of the Employer.

Employer Name		Employer Signature	
Witness Name		Witness Signature	
Business Name		Signed Date	

COLLECTION STATEMENT

This personal information is collected under the authority of Section 33C of the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25 (the "FOIP Act"), as amended from time to time and will be used to administer the Rural Renewal Stream. The personal information provided will be protected in accordance with Part 2 of the FOIP Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-623-1747

SUBMISSION

Please email completed applications to: ruralrenewal@laclabichedcounty.com

Issuer:
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