



PROVINCIAL NOMINEE PROGRAM (NLPNP)

EMPLOYER AFFIDAVIT OF ENGLISH/FRENCH LANGUAGE ABILITY Family Connection Category

(This form must be completed if your proposed employee's first language is not English or French)

I, \_\_\_\_\_ OF \_\_\_\_\_
Employer - Surname, First Name(s) Company Name

Full Address - Street, Box No., City, Province, Postal Code Telephone - Work Telephone - Home Other

MAKE OATH AND SAY THAT:

1. We have interviewed \_\_\_\_\_ and are satisfied that he/she has the English and/or French language ability sufficient to work in our company as:

Relative/Principal Applicant

Occupation

I have assessed the applicant's language skills based on the skills typically needed in the intended occupation in the following manner (describe how you assessed these skills):

It is our intention to help the applicant improve his English or French language skills in the following ways:

AFFIRMED and SWORN before me at the city of \_\_\_\_\_ in the Province of Newfoundland and Labrador this \_\_\_ day of \_\_\_\_\_ 20\_\_

Signature of Employer

Signature of Notary Public/Commissioner of Oaths

Name (Print) of Notary Public in and for the Province of Newfoundland and Labrador

My Commission Expires: \_\_\_\_\_