



**PROVINCIAL NOMINEE PROGRAM (NLPNP)**

**EMPLOYER INFORMATION and DECLARATION  
Family Connection Category**

Failure to disclose the information requested may affect the processing of this application.

Company/Organization Name:	
Contact Name and Title:	
Address: (Box No., City, Prov., and Postal Code)	
City/Postal Code:	
Telephone/Cell/Fax:	
Email:	
Employee Name:	
Job Title:	

**I/WE DECLARE THAT:**

1. All information provided by our organization to the NLPNP is true and accurate.
2. The stated position provides wages and benefits equal to those the organization does or would pay to Canadians or permanent residents with similar skills and experience.
3. I/we have disclosed and attached copies of all contracts and offers of employment that we require applicants to sign prior to and while employed with our company and that all contracts comply with the laws of Newfoundland and Labrador and meet the Newfoundland and Labrador Labour Standards Acts and Regulations.
4. The employment of this individual to this position does not conflict with any existing bargaining agreements, the settlement of any labour dispute or the employment of a person involved in such a dispute.
5. I have read and fully understand the above Declaration.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Print Name and Title of Authorized Signing Officer

\_\_\_\_\_  
Signature – Authorized Officer