



Manitoba Education and Training  
Immigration and Economic Opportunities  
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## STRATEGIC RECRUITMENT INFORMATION FORM (SRIF)

This form is to be completed by the employing authority of the registering company. If the questions are not applicable, please indicate N/A as a response. This form is required for Employer Engagement to assess your recruitment and business growth needs. Further proof or verification of request may be required. These services are made available free by Employer Engagement.

**Office Use Only: Date Received:**

### A. Business Information

Business Name

Business Operating Name (if different):

Mailing Address

P.O. Box:

City/Town:

Province/State:

Website Address:

Primary Contact Name:

E-mail address:

Position Title:

Telephone / Fax number(s):

Business Start Date:

Type of Business: (select all that apply)

Incorporated

Limited

Partnership

Sole Proprietor

Other:

Company Gross Revenue Previous Year:

Industry Sector:

Geographic Region of Manitoba:

Number of Permanent Full time Employees:

Describe Primary Business Activities in Manitoba: (Include products and / or services offered)

**B. Position(s) Being Recruited**

Number of Positions: (List all applicable positions)	Position Title / NOC:
Hourly Rate(s) of Pay:	Annual Rate(s):
Median Wage:	
Number of Hours per week:	Expected Start Date:
Describe the primary duties of the position(s):	

*If you are recruiting an individual(s) who is currently overseas or visiting Canada you must demonstrate to the Manitoba Provincial Nominee Program that you have exhausted all means to recruit workers in Canada, and that the position is an immediate need position within your business.*

How will these positions meet your immediate need and / or your business growth plan?

**C. Local Recruitment Activity**

Is this a new position?                      YES                      NO

If NO, how long has this position been vacant?    weeks:                      months:                      years:

Why is this position vacant?

Have you actively recruited in Manitoba to fill this position?                      YES                      NO

If YES, for how long did you try to fill this position with a local worker(s)?

If YES, how many individuals have contacted you regarding this position?

Why were these individuals not hired?

  

Has your business laid off any workers over the past year?                      YES                      NO

If YES, have the workers been recalled?                      YES                      NO

Has your business ever submitted an LMIA (previously LMO) application to ESDC?                      YES                      NO

If YES, when and what was the outcome to the application?

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Where have you placed advertisements for this position? (e.g., Employment and Social Development Canada (ESDC) Job Bank, Newspapers, Websites). Please provide a copy of advertisement(s):

What other recruitment methods has your company used to address this skills shortage(s)?

**D. Other**

Have you identified a potential foreign worker(s) for the position(s) you are filling?      YES      NO

If YES, how did you find the worker(s)?      If NO, how will you be sourcing your worker(s)?

Are you participating in an overseas recruitment mission that has been organized or endorsed by the Manitoba Provincial Nominee Program?      YES      NO

If NO, how will you be sourcing your worker(s)?

Do you have a long-term plan which demonstrates how you will retain workers and reduce recruitment needs for foreign workers?

Name and Contact Information of Third Party Representative (if using):

## E. Employer Declaration

**NOTE: Should you have any questions about the commitments, or a part of the declaration section, please contact employer engagement for further clarification.**

By signing and submitting this form, I confirm that I am the employer's authorized signing official and that:

1. I have provided true, complete and correct information in this application.
2. I acknowledge that the **Manitoba Provincial Nominee Program (MPNP)** will disclose, as necessary, information collected from this application under the program, to officials in the Province of Manitoba, including but not limited to partner ministries, and to officials administering immigration, temporary foreign worker or other programs related to permanent residence or temporary residence within the Government of Canada.
3. I acknowledge that **Employer Engagement** may decline this application or withdraw a Nomination(s):
  - i. If I have submitted any false statements or concealed a relevant or significant fact. Both constitute misrepresentation;
  - ii. If there is any change to the employment offer or contract with the candidate as an indeterminate or permanent full-time employee;
  - iii. If the employment does not meet provincial employment and wage standards;
  - iv. If I select a candidate who does not meet the required qualifications for the job;
  - v. If the offer of employment conflicts with existing collective bargaining agreements; or For reasons other than the preceding statements. As a result of this decline or withdrawal, **Employer Engagement** may refuse to consider me as an Employer Applicant for an unspecified period.

This Candidate's work permit is issued for the same employment as that for which the request in this application form is being made, if this Candidate is employed as an internationally-trained worker. Further, if the terms and conditions of the work permit do not match the information in this application,

4. I acknowledge that I will be asked by **Employer Engagement** to provide further information.
5. I acknowledge that the employer is responsible for notifying Employer Engagement immediately of any change to the status of employment of the Candidate(s) considered or selected for nomination under this job title in my (the employer's) company, which includes, but is not limited to, change of job (title or duties), layoff or termination.
6. I confirm my understanding of the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.
7. I consent to be contacted to complete brief questionnaires to evaluate this program.
8. I understand that a third party may be used to administer these questionnaires.

Please PRINT:

Signing Officer:

Signature:

Title:

Date Signed: