



**Government of  
Saskatchewan  
Immigration Branch**

**Employer Information,  
Confirmation and Release  
Form**

Failure to disclose any of the information may mean your request for a foreign worker will be denied. (Please print clearly)

Organization Name: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s): \_\_\_\_\_ Number of positions: \_\_\_\_\_

I /we confirm that:

- All information provided by our organization to the SINP is complete and accurate.
- The position provides wages and benefits equal to those the organization does or would pay to Canadians or permanent residents with similar skills and experience.
- I/we have disclosed and provided 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 Saskatchewan law and meet the requirements of the Saskatchewan Labour Standards acts and regulations.
- The employment of the 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.

I/we authorize the SINP to share information with Service Canada (SC) and Citizenship and Immigration Canada (CIC) and any other federal /provincial/territorial departments and their agencies as well as municipal governments, unions and associations and other appropriate organizations for the purposes of administering the SINP and planning the settlement of nominees and their families.

I have read and understand the above confirmation.

\_\_\_\_\_  
Signing Officer Position

\_\_\_\_\_  
Signature Date