



SEASONAL AGRICULTURAL WORKER PROGRAM LABOUR MARKET OPINION – EMPLOYER DECLARATION

DECLARATION OF EMPLOYER

Only answer this question if you employed a TFW in the last two years. Did you provide all TFWs employed by you in the last two years with wages, working conditions and employment in an occupation that were substantially the same as those that were described in the job offer(s)?

- Yes, I have provided all TFWs employed by me in the last two years with substantially the same wages, working conditions, and occupation as described in the job offer(s).
- No, I have not provided all TFWs employed by me in the last two years with substantially the same wages, working conditions, and occupation as described in the job offer(s).

Check each box to declare that you comply (or will comply) with the statements below:

- I will provide any TFW employed by me with wages, working conditions, and employment in an occupation that are substantially the same as those described in the labour market opinion (LMO) confirmation letter, annex and employment contract.
- I signed the employment contract outlining wages, duties, and conditions related to the transportation, accommodation and health and occupational safety of the TFW. This contract will also be signed by the TFW upon his/her arrival to Canada. It accurately represents the actual terms and conditions of employment that I intend to provide to the TFW.
- I will keep a copy of the contract signed by me, as employer, and the TFW. In case of any changes to the wages or payroll deductions throughout the season, I will modify the original contract and sign it. I will also provide the TFW with a signed copy of the original and other modified contracts.
- I will pay for round-trip airfare to bring the TFW from their country of residence to Canada. In all provinces except British Columbia, a part of this cost can be deducted from the TFW's wage, up to a maximum amount, as stipulated in the employment contract.
- I will pay upfront the fees for the TFW's work permit.
- I will pay upfront the RBC medical insurance coverage for TFWs from Mexico only. I will also deduct this amount from the TFW's wage, as stipulated in the employment contract.
- I agree to periodically review and adjust the TFW's wage according to the national SAWP commodities list posted on the TFWP Web site at: http://www.hrsdc.gc.ca/eng/workplaceskills/foreign_workers/commodities.shtml. This is to ensure that the TFW continues to receive the prevailing wage rate according to the occupation and region where he/she is employed.
- I will provide free housing to the TFW in all provinces, except in British Columbia, where a part of this cost can be deducted from the TFW's wage, up to a maximum amount, as stipulated in the employment contract.
- I submitted to Service Canada an accurate housing inspection report provided by the appropriate provincial or municipal body, or by a private inspection company.
- I agree to follow the TFW transfer directives, as stipulated in the employment contract, when a TFW is transferred between SAWP employers.
- I will immediately inform Service Canada staff and the foreign Government Agent of any subsequent changes related to the TFWs' terms and conditions of employment, as described in the LMO confirmation letter, annex and employment contract.
- I am in good standing with the applicable workers' compensation program and I will register the TFW under the appropriate provincial/territorial workers' compensation / workplace safety insurance plans, where available, or purchase a personal for free, on-the-job-injury or illness insurance that provides the TFW with a protection equivalent to the one offered by the applicable provincial/territorial law.
- I am compliant with, and agree to continue to abide by, the relevant federal/provincial/territorial laws that regulate employment in the occupation specified and, if applicable, the terms and conditions of any collective agreement in place. I recognize that any terms and conditions of the attached employment contract are considered null and void if they are less favourable to the TFW than the standards stipulated in the relevant *Labour Standards Act*.



SIGNATURE OF EMPLOYER

I declare that the information provided in this application is true and accurate.

Signature of Employer

Printed Name of Employer

Title of Employer

Date (YYYY-MM-DD)