

طلب تصريح العمل في كندا (من خارج كندا) باللغة الإنجليزية



تم تحميل هذا الملف من موقع مهاجرون

[موقع مهاجرون](#) ⇌ [كندا](#) ⇌ [العمل](#) ⇌ [ملفات](#)

[إعداد: وزارة الحنسية والهجرة الكندية](#)

روابط مواقع التواصل الاجتماعي في كندا



أحدث ما تم نشره في كندا

1 [دليلك الشامل إلى الطرق الثمانية القانونية للاستقرار في كندا: اختر طريقك نحو مستقبل أفضل](#)

2 [كندا بين 7 فوائد و5 تحديات: ماذا لو أصبحت الولاية الأمريكية الـ 51؟](#)

3 [دليل شامل لبرامج الهجرة إلى كندا: من الدخول السريع إلى الرعاية الأسرية واللاجئين](#)

4 [طريقة الحصول على رخصة قيادة سيارة في كندا \(كيبك\)](#)

5 [مراحل التعليم في كندا ومميزاته](#)

[للمزيد من المقالات التي تهم المهاجرين في كندا اضغط هنا](#)



APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 *I want service in
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OFFICE USE ONLY
Validated

PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document)		Given name(s) (as shown on your passport or travel document)		
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? Family name		<input type="checkbox"/> *No <input type="checkbox"/> *Yes Given name(s)		
3 *Sex	4 Date of birth *YYYY *MM *DD	5 Place of birth *City/Town		*Country
6 *Citizenship				
7 Current country of residence:				
Country	Status	Other	From	To
*	*		YYYY-MM-DD	YYYY-MM-DD
8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
10 *a) Your current marital status		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		Date YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner Family name		Given name(s)		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes Provide the following details for your previous Spouse/Common-law Partner: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;">Family name</td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;">Given name(s)</td> </tr> </table>				Family name	Given name(s)
Family name	Given name(s)				
c) Date of birth	Type of relationship	From	To		
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD		

LANGUAGE(S)

1 *a) Native language/Mother Tongue <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	b) If your native language is not English or French, which language do you use most frequently? <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	*c) Are you able to communicate in English and/or French? <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

PASSPORT

1 *Passport number	2 *Country of issue	3 *Issue date	4 *Expiry date
		YYYY-MM-DD	YYYY-MM-DD

CONTACT INFORMATION

If submitting your application by mail: - All correspondence will go to this address unless you indicate your e-mail address below. - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify. - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.														
1 Current mailing address														
P.O. box	Apt./Unit	Street no.	*Street name											
*City/Town	*Country		Province/State	Postal code	District									
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes														
Apt./Unit	Street no.	Street name			City/Town									
Country		Province/State	Postal code	District										
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px 5px;">Type</td> <td style="width: 10%; border-bottom: 1px solid black; padding: 2px 5px;">Country Code</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px 5px;">No.</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px 5px;">Ext.</td> </tr> </table>				Type	Country Code	No.	Ext.	4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px 5px;">Type</td> <td style="width: 10%; border-bottom: 1px solid black; padding: 2px 5px;">Country Code</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px 5px;">No.</td> <td style="width: 30%; border-bottom: 1px solid black; padding: 2px 5px;">Ext.</td> </tr> </table>			Type	Country Code	No.	Ext.
Type	Country Code	No.	Ext.											
Type	Country Code	No.	Ext.											
5 Fax no. <input type="checkbox"/> Canada/US Country Code No. Ext. <input type="checkbox"/> Other				6 E-mail address <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>										

DETAILS OF INTENDED WORK IN CANADA

1 *What type of work permit are you applying for? <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	
2 Details of my prospective employer (attach original offer of employment)	
a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	
b) Complete Address of Employer (Canadian or Foreign): <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	

Applicant Name	Date of Birth
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DETAILS OF INTENDED WORK IN CANADA (CONTINUED)

3	Intended location of employment in Canada?		
Province	City/Town	Address	
4	My occupation in Canada will be:		
*Job title	*Brief description of duties		
5	Duration of expected employment	*From YYYY-MM-DD	*To YYYY-MM-DD
6	Labour Market Impact Assessment (LMIA) No.		

LIVE-IN CAREGIVER PROGRAM

1	Type of care, indicate all that apply:	2	No. of persons requiring care
	<input type="checkbox"/> Child care <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other		

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)?					<input type="checkbox"/> *No	<input type="checkbox"/> *Yes
If you answered "yes", give full details of your highest level of post secondary education.						
1	From	Field and level of study	School/Facility name			
	YYYY MM					
	To	City/Town	Country	Province/State		
	YYYY MM					

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)						
1	From	*Current Activity/Occupation	*Company/Employer/Facility name			
	*YYYY *MM					
	To	*City/Town	*Country	Province/State		
	YYYY MM					
2	From	Previous Activity/Occupation	Company/Employer/Facility name			
	YYYY MM					
	To	City/Town	Country	Province/State		
	YYYY MM					
3	From	Previous Activity/Occupation	Company/Employer/Facility name			
	YYYY MM					
	To	City/Town	Country	Province/State		
	YYYY MM					

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).	

Applicant Name

Date of Birth

BACKGROUND INFORMATION (CONTINUED)

2	<p>a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you previously applied to enter or remain in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d) If you answered "yes" to question 2a), 2b), or 2C please provide details.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
3	<p>a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 3a) above, please provide details.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
4	<p>a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered yes to question 4a), please provide dates of service and countries where you served.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
5	<p>Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
6	<p>Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.</p>	

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N)

☐ No ☐ Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

IMPORTANT NOTE:

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

DISCLOSURE

The information you provide to CIC is collected under the authority of IRPA to determine if you may be admitted to Canada as a worker. The information may be shared with other organizations such as CBSA, DFAIT, RCMP, CSIS and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs.

If you are required to provide biometric information to accompany your application, the fingerprints collected will be stored and shared with the RCMP and the fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11 of the Immigration and Refugee Protection Regulations. This information may be used in relation to an offence under any law of Canada or a province for the purposes of establishing or verifying the identity of an individual, or to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition.

The information you provide to CIC will be stored in the Personal Information Bank (PIB) CIC PPU (039 and 054). If you are required to provide biometric information, your fingerprints shared with the RCMP will be stored in the PIB RCMP PPU 030. Individuals have a right to protection of and access to their personal information stored in each corresponding PIB in accordance with the Privacy Act and the Access to Information Act. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.