



APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA

1 UCI/Client ID	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? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Nickname/Alias		Given name(s)	
Family name			
3 Sex	4 Date of birth	5 Place of birth	Country
	YYYY MM DD	City/Town	
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		Given name(s)	
Family name			

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:			
Family name	Given name(s)		
Type of relationship	From YYYY-MM-DD	To YYYY-MM-DD	

LANGUAGE(S)

1 a) Native language	b) If your native language is not English or French, which language do you use most frequently?
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PASSPORT

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

1 Current mailing address - 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 address below and on the IMM5476 form.						
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						
Type	Country Code	No.	Ext.	4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.			
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other						
Country Code	No.	Ext.	6 E-mail address			

DETAILS OF INTENDED WORK IN CANADA

1 What type of work permit are you applying for?		
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)		
b) Complete Address of Employer (Canadian or Foreign):		
3 Intended location of employment in Canada?		
Province	City/Town	Address

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

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 opinion (LMO) No.

LIVE-IN CAREGIVER PROGRAM

1 Type of care, indicate all that apply: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Child care <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other </div>	2 No. of persons requiring care
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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 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. If retired, not working, or studying, please indicate. If you are retired, provide the 10 years before your retirement.				
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	a) Have you ever previously applied for any Canadian visas (For example: Permanent Resident, Temporary Resident (Visitor, Student, Worker), Temporary Resident Permit)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused any kind of visa to travel to Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you ever been refused admission or been ordered to leave Canada or any other country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>		
3	Have you ever committed, been arrested for or been charged with any criminal offence in any country? <div style="float: right; text-align: right;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
4	a) Have you ever been in a military, militia or civil defence unit or the police? <div style="float: right; text-align: right;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
	b) If you answered "yes" to question 4a), please provide dates of service and countries where you served. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>		
5	Have you ever been employed by a government in a security-related capacity? <div style="float: right; text-align: right;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
6	Have you ever held a position of authority in any government, or judiciary or a political party? <div style="float: right; text-align: right;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
7	Have you ever in periods of either peace or war, been involved in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war, or deportation of civilians? <div style="float: right; text-align: right;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div>		
If you answered "yes" to any of questions 3 to 7 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.			

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.

Do not forget to include: photos, fees (if applicable), and any other documents required by the visa office.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a worker. It will be stored in Personal Information Bank CIC PPU 054, Temporary Worker Records and Case File. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with the subsection 8(2) of the *Privacy Act*. In accordance with the *Privacy Act* and the *Access to Information Act* individuals have a right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at public libraries across Canada.