



P.O. Box 310
 4612 McDougall Drive,
 Smoky Lake, AB T0A 3C0
 Ph: 1-888-656-3730
 Email: cedo@smokylakeregion.ca

AAIP RRS Employer

Application Form

The Smoky Lake Region became a Designated Community under the Alberta Advantage Immigration Program – Rural Renewal Stream [AAIP RRS] on September 9th, 2024. To participate in Smoky Lake's RRS Program, Employers must be approved by the Smoky Lake Regional Chamber of Commerce (SLRCC). Employers that are not willing to take an active role in supporting Endorsed Candidates' integration into the community of Smoky Lake Region **will not** be accepted into Smoky Lake Region's RRS Program.

Employers shall not issue job offers to prospective Candidates under the AAIP RRS program until:

- 1) The submission of a completed Employer Application Form and SLRCC approval to participate is granted.
- 2) The submission of completed Job Advertisements Form(s) and SLRCC approval for posting is granted.
- 3) The job advertisement for each vacant position has been advertised for at least two consecutive weeks.

OFFICIAL USE ONLY		
AAIP RRS Employer Application #	Date Application Received	Approved Employer #
		_____ <input type="checkbox"/> N/A

Employer Information

Business Name (Operating Name)		Business Number (Registered Number)	
Legal Business Name (Registered Name)		Type of Business	
		<input type="checkbox"/> Fitness/Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Taxi <input type="checkbox"/> Industrial <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Home Occupation <input type="checkbox"/> Personal Services <input type="checkbox"/> Professional Services <input type="checkbox"/> Retail <input type="checkbox"/> Other: _____	
Location of Business		Mailing Address	
Address: City/Town: Province: Postal Code:		Address: City/Town: Province: Postal Code:	
Owner of Business		General Business Contact Information	
Owner Name: Phone Number: Email Address:		Phone Number: Fax Number: Email Address:	
Number of Employees (Including Owners)		National Occupational Classification [NOC] (5-digit code)	
Full Time		Seasonal	
Part Time		Remote	



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Business Website Address (If Applicable)	Business Logo Image Submitted
	<input type="checkbox"/> Yes <input type="checkbox"/> No (png, jpeg, bmp formats accepted)
Description of Business (Please provide a complete description of your business operations)	
Employer for Smoky Lake Region's RRS Program Contact Information	
Name: Phone: Email Address:	

Regulatory Information

Does the Employer have a valid Smoky Lake Region's Business Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Employer been documented for any violations through Alberta Health Services within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Employer received any Occupational Health and Safety complaints within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Employer in good standing with the Worker's Compensation Board of Alberta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Employer in good standing with Immigration, Refugees and Citizenship Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immigration Program Knowledge

Does the Employer have experience working with other Federal and Provincial Immigration programs? If yes, please explain: (For example, which immigration stream? What job vacancies were filled? How many job vacancies were filled? What supports were put in place to support the newcomers?)



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EMPLOYER'S DECLARATION

I, _____ [Name] the _____ [Title] of _____ [Business Name], Smoky Lake Region, Alberta, am authorized to sign on behalf of the business and solemnly declare that all information provided in this Employer Application Form is true, accurate and complete and that the Employer:

- is located permanently within the municipal limits of Smoky Lake Region, AB;
- has considered Canadians and Permanent residents for the subject position;
- is offering a job which is full-time [minimum 30-hours per week], non-seasonal and permanent [minimum 12-months];
- is offering a job which meets or exceeds the lowest starting wage for the occupation across all industries in Alberta as set out in the [Alis website](#);
- confirms that the majority of the job duties will be performed within the municipal limits of Smoky Lake Region;
- is not known to be in violation of any Federal or Provincial legislation;
- agrees and abides by the rules and guidelines of the Smoky Lake Region Rural renewal Stream program;
- has reviewed and will comply with the eligibility requirements under the Alberta Advantage Immigration Program – Rural Renewal Stream program;
- will review and confirm eligibility requirements with any prospective Candidates prior to issuing an offer of employment, including admissibility requirements under the Immigration and Refugee Protection Act and its Regulations;
- understand that they are solely responsible for compliance with all relevant business licensing and compliance with all Smoky Lake Region bylaws;
- understands that misrepresentation could result in disqualification from Smoky Lake Region's RRS program; and
- understands that as the Employer, I am responsible to take the lead role in providing settlement services to Endorsed Candidates, including safe transportation to work and suitable, affordable accommodation.

GENERAL LIABILITY RELEASE AND INDEMNITY

The Employer does hereby WAIVE, RELEASE, and FOREVER DISCHARGE the Smoky Lake Region, their agents, employees, volunteers, successors and assigns and any all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein names (the "Releases", from all injury that may be sustained while participating in the Smoky Lake Region Rural renewal Stream program and the Alberta Advantage Immigration Program – Rural Renewal Stream (collectively "Programs"), or while employing anyone in relation to the Programs, regardless of whether such loss or damage is caused by the negligence of the Releases, or otherwise, and regardless if whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law. It is my express intent that this General Liability Release shall bind the members of my family, spouse, my heir, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above named releases as stated above. In signing this Application, I acknowledge and represent that I have read the foregoing General Liability Release and Indemnity agreement, understand it and sign it voluntarily as my own free act and deed; no representations, statement or inducement has been made; I am at least eighteen (18) years of age and fully competent; and I execute this Application for full, adequate and complete consideration fully intending to be bound by the same.

Employer Name		Date	
Employer Signature			
Witness Name		Date	
Witness Signature			

Please submit your completed AAIP RRS Employer Application to: AAIPInquiries@smokylakechamber.com



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Office Use Only			
Is the Employer located within the municipal limits of Smoky Lake Region?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Employer an existing Employer in Smoky Lake Region with business premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Employer have a valid Smoky Lake Region Business Licence?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Business Licence Number		Date of Issue	
Received information regarding any AHS violation from the Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Received information regarding any OHS complaint(s) from the Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Received information regarding any issues with WCB from the Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Received information regarding any issues with IRCC from the Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The Employer has experience with Fed. or Prov. Immigration Programs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Employer has effectively described their safe workplace environment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Employer has effectively described their assistance for Endorsed Candidates to find suitable and affordable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Employer has effectively described their assistance for Endorsed Candidates to commute to work safely?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Application has been approved for participation in Smoky Lake Region's RRS Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Employer Application Refused for the following reasons:			
Signature of Economic Development Officer:	_____		
Signature of Development Authority:	_____		
Date the Employer was notified of the Employer Application Decision			

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk.