



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

AAIP RRS Endorsement Letter

Application Form

Only Employers approved by the Smoky Lake Regional Chamber of Commerce(SLRCC) can participate in Smoky Lake Region's RRS Program. **Employers are responsible for submitting this Endorsement Letter, Application Form, and shall ensure that:**

- 1) The job advertisement for each vacant position has been advertised for at least two consecutive weeks.
- 2) A copy of the employment offer signed by the Employer and the Candidate is submitted to the SLRCC.

OFFICIAL USE ONLY			
Approved Employer #	Endorsed Candidate #	Date Application Received	Date Application Processed

Candidate Information

Candidate Name (Full Name)	
Candidate Residential Address	Candidate Mailing Address
Address: City/Town: Province/State: Postal/Zip/Area Code: Country:	PO Box/Address: City/Town: Province/State: Postal/Zip/Area Code: Country:

Employer Information

Business Name (Operating Name)	Business Number (Registered Number)	
Legal Business Name (Registered Name)	Employer / AAIP RRS Program Contact Information	
	Name: Phone: Email Address:	
Location of Employment	Candidate Job Title	
Address: City/Town: Province: Postal Code:		
	Duration of Employment	



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Description of Job Duties	
Description of Work Environment Conditions	
Please Describe how filling this Position aligns with the Economic Growth of Smoky Lake Region:	
Employer's Efforts to Fill Position in Canada	Please Describe the Outcome of Each Effort
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



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Applicant Signatures

Employer Name		Date	
Employer Signature			
Witness Name		Date	
Witness Signature			

Please submit your completed Job Advertisement Application with the Job Ad to: AAIPinquiries@smokylakechamber.com

Office Use Only			
Job Advertisement Number this Endorsement Letter Application Relates to:		_____ <input type="checkbox"/> N/A	
Copy of Employment Offer Signed by the Employer and Candidate Received?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endorsement Letter Application Completed to the Satisfaction of the SLRCC?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endorsement Letter Application Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Endorsement Letter Application Refused for the following reasons:			
Endorser Name (Full Name)		Endorser Job Title	
_____ <input type="checkbox"/> N/A		_____ <input type="checkbox"/> N/A	
Endorser Phone Number		Endorser Email Address	
_____ <input type="checkbox"/> N/A		_____ <input type="checkbox"/> N/A	
Signature of Economic Development Officer:		_____	
Signature of Development Authority:		_____	
Date Employer was Notified of the Endorsement Letter Application Decision:			
	<input type="checkbox"/>		

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.