

EMPLOYEE DECLARATION

Initial beside each statement to acknowledge agreement and then sign at the bottom of the page.

I, _____, understand everything written in this application. I have asked for
[Employee Name] and received explanation for any point that was not clear to me.

Initials

_____ I authorize the Government of Prince Edward Island to collect, use, retain, disclose, and destroy personal information about me and my family for the purposes of assessing this application and administering the Atlantic Immigration Program, including research, monitoring, and evaluation of the program and the employer's and my participation in it. This includes disclosure to, collection, retention, use, and destruction by third parties of personal information as authorized by the Government of Prince Edward Island for those purposes. If I have any questions about the collection, use, retention, disclosure, or destruction of personal information, I may contact the Prince Edward Island Office of Immigration.

_____ I authorize the Government of Prince Edward Island to research, monitor, and evaluate the Atlantic Immigration Program under the authority of the Prince Edward Island Freedom of Information and Protection of Privacy Act, the Immigration and Refugee Protection Act and Regulations and other relevant Government of Canada legislation.

_____ I authorize immigration officials with the Government of Prince Edward Island to disclose personal information to the Government of Canada and to collect personal information from the Government of Canada, as necessary, for the purpose of assessing, verifying information, monitoring, and evaluating the Atlantic Immigration Program, or in the event of any suspected non-compliance with any provincial or federal law.

_____ I authorize immigration officials with the Government of Prince Edward Island to disclose personal information to other Canadian provincial and territorial immigration officials, and to collect personal information from other Canadian provincial and territorial immigration officials, as necessary, for the purpose of assessing, verifying information, or in the event of any suspected non-compliance with any provincial or federal law.

_____ I authorize the Government of Prince Edward Island to contact any person and disclose personal information to verify information provided in this form, the accompanying documents, and in any other aspect of the employer's or my participation in the Atlantic Immigration Program.

_____ I understand that in the event of suspected fraud or non-compliance with provincial or federal legislation, information about me, my family, and the employer may be collected from, used by, or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency, or organization.

_____ I declare that, to my knowledge, the information about me and my family included in this form and the accompanying documents is truthful, complete, and correct.

_____ I will advise Prince Edward Island Office of Immigration of my residential address, phone number, and email address within thirty days of arriving in Canada. I will inform Prince Edward Island Office of Immigration when I change my address, phone number or email address at any time within three years of arriving in Canada.

_____ I will immediately notify Prince Edward Island Office of Immigration if I change my job duties, quit, or am terminated from my position with the designated employer.

_____ I acknowledge that where the Principal Applicant has applied with a TEER 4 job offer and the application for permanent residency has been refused by the Government of Canada, the employer will bear sole responsibility for costs to return the Principal Applicant to their country of origin.

_____ I acknowledge the employer will bear sole responsibility for the costs associated with a temporary work permit holders' return to their country of origin, where the individual would have applied with a TEER 4 job offer and where this designation has been revoked and the Government of Prince Edward Island is unable to find the worker alternative employment.

_____ I acknowledge that I have read, reviewed, acknowledge, agree, and accept responsibility with the terms, requirements, and conditions set out in the AIP Endorsement Guide and Application Form.

Name of Employee
[Family Name, Given Names]

Title

Signature of **Employee**

Date (dd/mm/yyyy)