



PROVINCIAL NOMINEE PROGRAM (NLPNP)

EMPLOYER AFFIDAVIT OF ENGLISH/FRENCH LANGUAGE ABILITY

(This form must be completed if your proposed employee's first language is not English or French)

I, _____ OF _____
Employer - Surname, First Name(s) Company Name

Full Address - Street, Box No., City, Province, Postal Code Telephone - Work Telephone - Home Other

MAKE OATH AND SAY THAT:

1. We have interviewed _____ and are satisfied that he/she has the English [] French [] language ability sufficient to work in our company as:

Occupation

I have assessed the applicant's language skills based on the skills typically needed in the intended occupation in the following manner (describe how you assessed these skills):

[Empty box for describing assessment]

It is our intention to help the applicant improve his English or French language skills in the following ways:

[Empty box for describing language improvement plans]

AFFIRMED and SWORN before me at the city of _____ in the Province of Newfoundland and Labrador this ___ day of _____ 20__

Signature of Employer

Signature of Notary Public/Commissioner of Oaths

Name (Print) Notary Public in and for the Province of Newfoundland and Labrador

My Commission Expires: _____