



100 – 1030 Denman Street, Vancouver, BC, V6G 2M6 Canada  
Tel.: (604) 599-4562 - Fax.: (604) 599-3555  
[www.jobrox.com](http://www.jobrox.com)

### Employee Info for Work Permit

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Residential Address (if different from mailing): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Birth Date [DD-MM-YYYY]: \_\_\_\_\_ Sex:  Male  Female

6. Place of birth: CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

7. Present Marital Status:

Unmarried  Engaged  Married  Widowed  Separated  Divorced  Common Law

### 8. Spouse or Common-Law Partner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Birth Date [DD-MM-YYYY]: \_\_\_\_\_

Place of Birth: CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

Passport No \_\_\_\_\_ Passport Expiry Date [DD-MM-YYYY]: \_\_\_\_\_

Marital Status \_\_\_\_\_ Will accompany you to Canada?  Yes  No

**9. Children or Dependant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Birth Date [DD-MM-YYYY]: \_\_\_\_\_  
Place of Birth: CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
Passport No \_\_\_\_\_ Passport Expiry Date [DD-MM-YYYY]: \_\_\_\_\_  
Marital Status \_\_\_\_\_ Will accompany you to Canada?  Yes  No

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Birth Date [DD-MM-YYYY]: \_\_\_\_\_  
Place of Birth: CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
Passport No \_\_\_\_\_ Passport Expiry Date [DD-MM-YYYY]: \_\_\_\_\_  
Marital Status \_\_\_\_\_ Will accompany you to Canada?  Yes  No

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Birth Date [DD-MM-YYYY]: \_\_\_\_\_  
Place of Birth: CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
Passport No \_\_\_\_\_ Passport Expiry Date [DD-MM-YYYY]: \_\_\_\_\_  
Marital Status \_\_\_\_\_ Will accompany you to Canada?  Yes  No

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Birth Date [DD-MM-YYYY]: \_\_\_\_\_  
Place of Birth: CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
Passport No \_\_\_\_\_ Passport Expiry Date [DD-MM-YYYY]: \_\_\_\_\_  
Marital Status \_\_\_\_\_ Will accompany you to Canada?  Yes  No

**Current Job Information**

10. Job Title and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. I have held my present job and position for: Months \_\_\_\_\_ Years \_\_\_\_\_

12. Name and Address and Type of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prospective Job Information**

13. Name and Address of Employer in Canada \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Job Title and Description: \_\_\_\_\_  
\_\_\_\_\_

15. My salary will be: \$ \_\_\_\_\_

16. I am expected to START my employment: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

17. I am expected to FINISH my employment: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Health Information**

18. Within the past two years have you or a family member had tuberculosis of the lung or been in close contact with a person with tuberculosis of the lung?  Yes  No

19. Do you or an accompanying family member have any physical or mental disorder for which that person will require social and/or health services, other than medication during the stay?  Yes  No

**Have you or any member of your family ever:**

20. Committed, been arrested or charged with any criminal offence in any country?  Yes  No

21. Been refused admission to, or ordered to leave Canada?  Yes  No

22. Applied for **any** Canadian Immigration visas?  Yes  No

23. Been refused a visa to travel to Canada?  Yes  No

24. In periods of either peace or war, have you ever 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?  Yes  No

If you answer "yes" to any of questions 20 to 24, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. During the past five years have you or any family member accompanying you lived in any other country than your country of citizenship or permanent residence for more than six months?  Yes  No

If answer to question 25 is "yes", please list countries and length of stay:

Name of Individual	Country	Length of Stay	
		From (DD-MM-YYYY)	To (DD-MM-YYYY)