



SCHEDULE 3

ECONOMIC CLASSES - FEDERAL SKILLED WORKERS

The principal applicant must complete this form.

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at www.cic.gc.ca

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

1. Your full name

Family name

Given name(s)

2. Your date of birth Year Month Day

3. Do you have an offer of employment in Canada approved by Human Resources Development Canada?

No Yes ► Employer

Address

Occupation

4. Are you currently working in Canada under a work permit?

No Yes ► Provide a copy of your work permit.

5. Language

Which is your first Canadian official language?

English French

Your proficiency in English

| | High | Moderate | Basic | None |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Write | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your proficiency in French

| | High | Moderate | Basic | None |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Write | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Language (continued)

Have you taken an approved test to assess your proficiency in English or French?

Yes ► Provide a copy of approved test results.

No ► Provide evidence of your proficiency in Canada's official languages.

7. Study in Canada

Have you or, if applicable, your accompanying spouse or common-law partner, previously completed a program of full-time study of at least two years at a post-secondary institution in Canada?

No Yes ► You Your spouse or common-law partner

Provide evidence.

8. Work in Canada

Have you or, if applicable, your accompanying spouse or common-law partner, previously worked full-time in Canada?

No Yes ► You Your spouse or common-law partner

Provide evidence.

9. Do you or, if applicable, your accompanying spouse or common-law partner, have a relative living in Canada who is a citizen or a permanent resident of Canada?

No Yes ► You Your spouse or common-law partner

Relationship Mother or father Grandmother or grandfather

Daughter or son Granddaughter or grandson

Sister or brother Aunt or uncle

Niece or nephew Spouse or common-law partner

10. Funds

Amount of unencumbered transferable and available funds you have, in Canadian dollars \$

11. Your work experience

Starting with your current occupation, list your occupations within the 10 years preceding the date of your application. Give for each the appropriate National Occupational Classification code (NOC), the number of years of continuous full-time or equivalent part-time experience and a description of your main duties. List only occupations that fall in Skill Type 0 or Skill Levels A or B of the NOC.

| From | | To | | Occupation | NOC | Years of experience | Main duties |
|------|---|-----|---|------------|-----|--|-------------|
| Y | M | Y | M | | | | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |
| _ _ | | _ _ | | | | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more | |