

November 2017

INZ 1235



Employer Supplementary Form Skilled Migrant Category

For employers who have offered a position to, or currently employ, a person who is applying for a resident visa under the Skilled Migrant Category

Information for employers

Employers should complete this form for current or prospective employees who are applying for residence under the Skilled Migrant Category and claiming points for Skilled Employment.

If further information is required regarding your employment of the applicant for a resident visa under the Skilled Migrant Category, Immigration New Zealand may contact you directly.

Do not submit this form directly to Immigration New Zealand. This form must be submitted by the person who is applying for residence.

Providing this information will help us to process the Skilled Migrant Category application, however we may need to contact you for more information.

If submitting additional documents, submit photocopies only. **Do not submit original documents** as they will not be returned to you. If we need to see an original document, we will ask you to produce it at a later time.

Work entitlement

It is an offence under the Immigration Act 2009 to employ a person who is not entitled to work in New Zealand. One way for employers to avoid committing this offence is to check a person's entitlement to work through Immigration New Zealand's online VisaView system. For more information or to register please visit www.immigration.govt.nz/visaview. Disclosure of information through VisaView is authorized by legislation.

About the information you provide

Immigration New Zealand requires this information to assist in the determination of a Skilled Migrant Category residence application. We may also use the information to contact you for research purposes or to advise you on immigration matters.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You have the right to access the information we hold about your business and have any of it corrected if you think it is necessary. The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. **Applications should not be sent to this address.**

For more information

If you have questions about completing this form:

- see our website www.immigration.govt.nz
- telephone our contact centre on 0508 558 855 (within New Zealand).

Section A Employer details

This form must be completed and signed by a person who has authority to make representations and enter into agreements on the employer's behalf. Please answer all questions. If any question does not apply please answer "N/A" for "not applicable".

A1 State the name of the person to whom you have offered a position in your business

Family/last name

Given/first name(s)

A2 Business name

A3 Business trading name

A4 Type of business

Company

Partnership

Government Dept

State Owned Enterprise (SOE)

Sole Trader

Franchise

Trust

Other

A5 Other names the business has traded under

A6 New Zealand Business Number

For help search: www.nzbn.govt.nz

A7 Name of person completing this form

Family/last name

Given/first name(s)

A8 Position or job title

A9 Employer's contact details

Name of contact person if different from that given at **A7**

Telephone

Email

Website

Physical Address

Postal Address (if different from physical)

A10 Are you an Accredited Employer with Immigration New Zealand?

Yes

Please provide your accreditation number

Go to Section C

No

Go to **A11**

A11 Are you a Government Department?

(Government Department has the meaning given as per Section 2(1) of the Public Finance Act 1989)

- Yes Go to Section C
- No Go to Section B

Section B Employer's business details

B1 How many years and/or months has the business been operating?

B2 Number of current employees (including management)

B3 Number of employees who are temporary work visa holders

B4 Number of employees who are New Zealand citizens or residence class visa holders

B5 Industry sector

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Engineering & Science | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Administration & Customer Service | <input type="checkbox"/> Film | <input type="checkbox"/> Legal | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Advertising, Media & PR | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail | <input type="checkbox"/> Water, Gas, Electricity |
| <input type="checkbox"/> Education & Training | | | |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | | |

B6 Please give brief details of your business (if further details are given in a separate document please state this).

Type of business

Product or services

B7 Have the owners, directors or managers of your business ever been convicted of any offence by the Serious Fraud Office or the New Zealand Police arising in the course of, or resulting from, business dealings

- Yes Provide details including name, date and outcome and any penalty imposed and/or remedial action required.
- No

Section C Position details

Provide details of the position you have offered to the potential or current employee.

C1 Job title

C2 ANZSCO occupation title, occupation code, and skill level.

(ANZSCO is the Australian and New Zealand Standard Classification of Occupations. Most New Zealand occupations are listed in the ANZSCO, with a six-digit occupation code and a skill level ranging from 1 (highly-skilled) to 5 (unskilled)). For more information see www.immigration.govt.nz/anzsco.

ANZSCO occupation title

ANZSCO occupation code ANZSCO skill level

C3 Address of the place of employment (if different from that stated at question **A9**)

C4 What was, or will be, the start date of the employment?

C5 Was the employment position held by someone previously?

C6 If applicable, how many people does or will the employee manage or have report to them?

C7 Type of work, duties and responsibilities

C8 Details of pay and conditions of employment (including hours worked)

C9 Qualifications and/or previous work experience required for this position

Section D Declaration by employer

This section must be read and signed by a person who has authority to make representations and enter into agreements on the employer's behalf.

I understand the notes and questions in this form and I declare that the information given about my business is true and correct.

I understand that further information relating to business records, sets of accounts, financial statements and other records deemed necessary may be requested.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, that I may also be committing an offence under sections 342 and 348 of the Immigration Act 2009 and may be liable to prosecution.

I agree to inform Immigration New Zealand about any relevant changes to the circumstances of my business that may impact on the current or prospective applicant's employment that occur after I complete this form.

I authorise Immigration New Zealand to make any enquiries it deems necessary in respect of the documents or information provided in respect of this form, and to share information provided about me or my business with other government agencies (including overseas agencies) to the extent necessary to make decisions.

Signature of employer Date

Job title or position

Section E Declaration by person assisting the employer to complete this form

This section must be completed and signed by any person who has assisted the employer by providing immigration advice, explaining, translating, or filling in the form for the employer. If the employer does not have an immigration adviser, and no one helped the employer to fill in this form, this section does not have to be completed.

If you are unlicensed when you should be licensed under the Immigration Advisers Licensing Act 2007, Immigration New Zealand will return your client's application. It is an offence to provide immigration advice without holding a licence.

For more information and to view the register of licensed advisers, go to the Immigration Advisers Authority website www.iaa.govt.nz, or email info@iaa.govt.nz or write to them at PO Box 6222, Wellesley Street, Auckland 1141, New Zealand.

Name and address of person assisting employer

Same as name and address given at A7 or A9 Go to next page.

Family/last name

Given/first name(s)

Organisation name (if applicable) and address

New Zealand Business Number (for New Zealand businesses only)

For help search: www.nzbn.govt.nz

Telephone

Email

I understand that after the employer has signed this form it is an offence for me to change or add further information, or change or add any documents attached to the form, without making a statement identifying what information or material has been changed, added or attached and by whom. If I make changes or additions, I must state on the form what they were, who made them and the reason they were made.

I understand that the maximum penalty for this offence is a fine of up to NZ \$100,000 and/or a term of imprisonment of up to seven years.

I certify that the employer asked me to help them complete this form and any additional forms.

I certify that the employer agreed that the information provided was correct before signing the declaration.

- I have assisted the employer as an interpreter/translator.
- I have assisted the employer with recording information on the form.
- I have assisted the employer in another way.

Please specify _____

- I have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007)

If you are a licensed adviser, please provide your licence details.

Licence type

- full
- provisional
- limited. *List conditions specified in the register.*

Licence number _____ Go to Section R: Declaration by person assisting the applicant.

Signature of person assisting _____ Date

New Zealand Government