



Non-Nursing Employment Information

NNAS ID Number: _____

NNAS Application Number: _____

Personal Information:

Name: _____ Last Name First Name

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Email Address: _____

Cell#: _____ Home#: _____

The CLPNM communicates primarily through email. Please ensure that your contact information is kept up to date.

Employment in Health Care:

Have you ever worked in Canada as a health care aide (HCA) or personal support worker? Yes ____ No ____

- * If YES, please fill out your personal information and authorization, and then send this form to your Canadian employer(s).
* If you are/were employed with more than one employer in the last four years, please send a copy of this form to all Canadian employers.
* If NO, please fill out your personal information and mail this form to the CLPNM.

Applicant Authorization:

I authorize _____ to complete this form. Name of Employer

Applicant signature: _____ Date: _____

Employer Instructions: The following sections must be completed by the employer. The employer must mail the form directly to the CLPNM. Faxed/scanned documents will not be accepted.

Name of Employer: _____

Employee's position: Health Care Aide ____ Personal Support Worker ____ Other ____

Employee's Start Date: _____ End Date: _____

Employee works(ed): Full-time ____ Part-time ____ Casual ____

Please list below the employee's hours worked per year:

Table with 2 columns: Year, Employment Hours. Rows for 2014, 2015, 2016, 2017, 2018, 2019.

Please state the reason(s) why the employee left the position; if they have not left the position please write "still employed"

Blank lines for providing reasons for leaving the position.

Employer Contact Information:

Name: _____ Position: _____

Facility: _____ Email: _____

Mailing Address: _____ Phone: _____

Signature: _____ Date: _____

