



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. Note: Due to COVID-19, forms will be accepted by email. Please email the form to gbialek@clpnm.ca.

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:
Year Employment Hours
2018
2019
2020
2021
2022
Please state the reason(s) why the employee left the position; if they have not left the position please write "still employed"

Employer Contact Information:

Name: _____ Position: _____
Facility: _____ Email: _____
Mailing Address: _____ Phone: _____
Signature: _____ Date: _____