



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 2017, 2018, 2019, 2020, 2021.

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 stating reasons for leaving position.

Employer Contact Information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Facility: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_