Non-Nursing Employment Information
Part 4B

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) in long term care or acute care? 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 works as a HCA in: Long Term Care _________ Acute Care _________ 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
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";

____
____
____
____
____
____

Employer Contact Information:

Name: ____________________________ Position: ____________________________

Facility: ____________________________ Email: ____________________________

Mailing Address: ____________________________ Phone: ______________

Signature: ____________________________ Date: ____________________

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