



Employment Reference

SECTION A – PERSONAL INFORMATION

To be completed by APPLICANT

Provide an Employment Reference form for each nursing employer in the past five years.

Full Name: _____
Surname Given Name(s) Middle

Other Name(s): _____
(your last/family names at birth, your maiden name, or any other former/current names used)

CRPNS Registration #: _____ **Date of Birth:** _____
Note: If you do not have a Sask license number leave blank mm-dd-yyyy

Email Address: _____ **Phone #:** _____

EMPLOYMENT INFORMATION

Area of nursing you work/worked in:

Clinical Practice Administration Education Research

Other (please specify): _____

Facility name: _____

Facility address: _____

Unit #	Street	City
Prov/State	Postal Code	Country

Manager's name: _____

Facility's phone number: _____

Email: _____

I give consent to release information regarding my conduct, fitness, and competence in nursing to CRPNS to be used for the purpose of assessing eligibility for registration in Saskatchewan.

I declare that the information I have provided on this form is true and accurate. I understand that falsification of this document, or the submission of any falsified documents to CRPNS, may be cause for CRPNS to withhold registration, revoke registration, or take other appropriate action.

Signature: _____ **Date:** _____
mm-dd-yyyy



SECTION B – EMPLOYMENT VERIFICATION

To be completed by a **MANAGER/SUPERVISOR** who can attest to the performance of the individual and is most familiar with the applicant’s nursing practice during the time of employment.
To avoid delays, all sections of this form must be completed.
This form must be sent directly to CRPNS by the employer.

Date employed from: _____ to: _____

If currently on LTD, maternity, or other type of leave, what date did leave begin? _____

Job title: _____ Full time Part time Casual

Department/Unit(s) employed on: _____

Is registration required to hold this position? RPN Not required Other : _____

Please provide nursing practice hours for each calendar year (January 1 – December 31) of employment, starting with the most recent first.

Hours must only include actual practice hours worked (excluding seniority, vacation, LTD/sick leave, paid/unpaid leave, etc.).

Year:					
Hours:					

Did the applicant provide safe, quality care? If you select no, provide an explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever been investigated, disciplined, terminated, or allowed to resign in lieu of termination? If you select yes, provide an explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this individual eligible for rehire? If you select no, provide an explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please attached a job description for the position described on this form.

Full Name: _____
Please print your complete name

Title: _____
Please indicate your official title

Email: _____

Phone Number: _____
Including country code if outside Canada

Signature: _____

Date: _____
mm-dd-yyyy