

Application for Employment



The Human Rights Codes prohibit discrimination in employment because of race, ancestry, place or origin, color, national or ethnic origin, citizenship, religion, creed, sex, or sexual orientation, age, marital or family status, record of offences (including an offence in respect of any provincial statute), handicap, disability, and language (Province of Quebec).

You may decline to answer any question(s) that would reveal your race, creed, religion, color, sex, marital status, age, disability, nationality, ancestry, place of origin, sexual orientation, family status or receipt of public assistance.

DATE: _____

PERSONAL

Name: _____
Last First Middle Initial

Present Address: _____
No. Street City Province Postal Code

Phone: (Home) (____) _____ (Work) (____) _____
 (Cellular) (____) _____ (Other) (____) _____

E-Mail Address: _____

Jobs Applied For: 1) _____ Rate of Pay expected \$ _____ per _____
 2) _____ Rate of Pay expected \$ _____ per _____

If application relates to particular job advertisement or competition please quote advertisement and/or competition information here (if applicable) _____

Do you want to work Full Time or Part Time? (specify days and hours if Part Time) _____

Are you willing to work the required work schedule which may include, but not limited to, evenings, weekends, statutory holidays, and/or variable "on call" work hours? Yes No

Are you currently employed? No Yes, with whom/where? _____

Are you currently employed as an EMS professional? Yes No What Level? _____

Please provide a current registration number _____ Province: _____

Are you a graduate of a CMA accredited training program? No Yes Name: _____

Have you worked for us before? No Yes (if Yes, when?) _____

Has your license/registration to work ever been revoked or suspended? No Yes

Are you legally entitled to work in Canada? Yes No

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with us? (If necessary, additional space is provided under Personal References to complete this section.) Please exclude activities which would indicate any prohibited grounds of discrimination listed above.

If hired, do you have a reliable means of transportation to get to work? _____

Do you hold a valid Saskatchewan Class Four (4) license? Yes No

Do you feel that you have the required skills to be actively employed in the emergency medical services profession? Those skills include, but not limited to; frequent stretching and/or bending, lifting heavy objects sometimes over difficult surfaces, i.e. stairs and steep inclines, dealing with difficult people, working in stressful situations and/or difficult environments? Yes No

Do you have a disability which will affect your ability to perform any of the functions of the job for which you have applied?
 Yes No

If YES, what functions can you not perform and what accommodations could be made which would allow you to do the work adequately?

Do you engage in regular fitness exercise? No Yes; Examples: _____

What activities/hobbies do you enjoy away from work? _____

Do you engage in any volunteer activities? No Yes; Explain: _____

Please attach the following information to this application and submit it **ALL TOGETHER**.

- ↳ CPR-C/HCP certification (within last 12 months)
- ↳ ITLS certification
- ↳ Criminal Record Check (within last 12 months)
- ↳ Proof of certification (copy of certificate/diploma)
- ↳ Copy of SCOP License (Saskatchewan College of Paramedics)
- ↳ Copy of Complete Immunization record
- ↳ ACLS certification (if applicable)
- ↳ Copy of PALS/PEPP Certification (if applicable)
- ↳ Copy of SGI Medical or equivalent (within 12 months)
- ↳ Updated Resume with References
- ↳ Copy of drivers license with current drivers abstract
- ↳ Certificates of achievement of other professional development credentials

Education Background

	Elementary School					High School					Undergraduate College / University				Graduate/ Professional			
Years Completed	4	5	6	7	8	9	10	11	12	13	1	2	3	4	1	2	3	4
Diploma / Degree																		
Describe Course of Study (Do not give name of school)																		
Describe any specialized training, apprenticeship skills and extra-curricular activities.																		
Describe any honors you have received.																		

Prior Work History (list in order, last or present employee first)

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name And Title	Reason for Leaving
From	To		Start	Finish		
Describe in detail the work you did.						

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name And Title	Reason for Leaving
From	To		Start	Finish		
Describe in detail the work you did.						

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name And Title	Reason for Leaving
From	To		Start	Finish		
Describe in detail the work you did.						

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name And Title	Reason for Leaving
From	To		Start	Finish		
Describe in detail the work you did.						

May we contact the employers listed above? Yes No If No, indicate below which one(s) you do not wish us to contact.

Personal References

Give the names of at least three (3) persons who can supply information pertinent to your job performance (excluding former employees or relatives).

Name & Occupation	Address	Phone Number

Personnel/Hiring Department Use Only

Interview Yes No Date: _____

Time: _____

Result/Comments of Interview:

Scenario Testing: Medical Scenario Trauma Scenario

Result: Pass Fail Pass (conditional) _____

Provincial Protocol Test:

Result: _____ %

Level of Exam EMT/PCP EMT-A/ICP EMT-P/ACP

Lifting Component

Result: Pass Fail Pass (conditional) _____

Acceptable for Employment

Yes No

Starting Rate: \$ _____ Starting Date: ____/____/____

Type of Position:

Full Time Part Time Casual Other _____

Approved By: _____

Date: _____

Additional Forms Completed/Submitted

- Confidentiality Form (Appendix A)
- Memorandum of Agreement (Appendix B-a)
- Copy of Certificate (to level of training)
- Copy of Current Medical (SGI or equivalent)
- Copy of Current Criminal Record Check
- Copy of Immunization Record
- Copy of Current Drivers License with abstract without abstract
- Copy of Current ITLS
- Copy of Current CPR-C/HCP
- Saskatchewan Health Registration/SCOP Application for Registration
- ACLS Certification (if applicable)
- PALS/PEPP/ACLS Certification (if applicable)
- Other certifications: _____
- Other certifications: _____
- Other certifications: _____

APPLICANT—COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

Do not answer any *italicized* questions below the double lines unless the employer has checked the box next to the question. A check indicated the information is needed for;

- 1) Benefit Programs
- 2) In compliance with national security laws
- 3) Other legally permissible reasons (income tax deductions, etc)

Date of Birth: _____
Day Month Year

Sex: Male Female Social Insurance Number (SIN): _____

What is your marital status? single engaged married separated divorced widowed other

How many dependants (and names) do you have (including yourself)? _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name: _____
Last First Middle Initial

Phone: (Primary) (_____) _____ (Alternate) (_____) _____

Address: _____
No Street City Province Postal Code

Relationship: _____

Uniforms/Equipment Specifications

Waist Size: _____ No. Issued at Start: _____

Collar Size: _____ No. Issued at Start: _____

Jacket Size: _____

Name on Nametag: _____ Ordered Date: _____

Epaulettes: PCP ICP ACP No. Issued at Start: _____

Body Armor Vest: (see sizing chart) Appendix B-g (Women)
Appendix B-h (Men)

BA Vest NOT requested/required
 BA Vest requested
 External Carrier Requested Date Ordered: _____

Additional Dress Uniform Information: (if applicable) Shoe Size: _____

Suit Jacket Size: _____

Skirt Size: _____

Other: _____

Other: _____

Keys Issued: Base
 ALS Key(s) (kit cabinet, med cabinet if applicable)
 Other: _____
 Other: _____

Payroll RRSP
 Group Medical
 TD1 Tax Form