

EMPLOYMENT OPPORTUNITY



PRIMARY CARE PARAMEDIC

CASUAL POSITIONS WITH OPPORTUNITY TO WORK UP TO FULL-TIME HOURS ANTICIPATED START DATE: FEBRUARY, 2019 VARIOUS LOCATIONS WITHIN THE DISTRICT OF KENORA COMPETITION #LA-18-02-E

Dedicated to improving lives, the Kenora District Services Board (KDSB) is the integrated service delivery agency providing help and support when you need it. With forward thinking and engaged employees, we deliver Ontario Works, Social Housing, Early Learning and Child Care, and Land Ambulance to current and future clients.

We are currently seeking to hire **Primary Care Paramedics (PCPs)** who are willing to work on a casual basis at our various land ambulance bases located across the District of Kenora. Our employees enjoy a healthy work environment, career development possibilities, and the opportunity to make a difference in the lives of others.

In collaboration with the Superintendents of Operations, the Primary Care Paramedics operate emergency vehicles and provide pre-hospital emergency medical care and transportation for ill and/or injured persons. As a casual employee, you are employed on a relief and/or replacement basis with no regular schedule, however, there is often the opportunity to work up to full-time hours.

Key responsibilities include, but are not limited to,:

- Providing patient care in accordance with Basic & Advanced Life Support Standards and the current delegated medical acts
- Participating in mandatory training sessions as determined by the KDSB, Base Hospital, or Ministry of Health and Long-term Care (MOHLTC)
- Communicating through written documentation, verbal reports, radio communication and dialogue with patients, relatives, other employees, allied health workers, other emergency response personnel and the general public
- Complying with the requirements of current, relevant legislation, KDSB policies, Base Hospital directives, and any
 other related policies, directives and/or legislation

Successful candidates will:

- Be able to work shifts as scheduled including days, nights, weekends and on-call during which you are able to respond quickly and efficiently to emergency calls
- Utilize exceptional interpersonal skills, courtesy, tact, and compassion and work effectively in a demanding, challenging emergency medical services environment
- Be able to meet the physical demands necessary to perform patient extrication, lifting, carrying, positioning, and treatment

Qualifications will include:

- Certification as a Primary Care Paramedic as defined in the Ambulance Act and as an Advanced Emergency Medical Care Assistant (AEMCA) issued by the MOHLTC
- Working knowledge of the Ambulance Act, Basic & Advanced Life Support Patient Care Standards, and other MOHLTC regulations governing the provision of Ambulance Services.
- Valid CPR HCP Level and a valid Ontario Class F Driver's License
- The ability to provide a current, satisfactory driver's abstract and criminal background check including vulnerable sector screening, upon request

Interested applicants are invited to review the Recruitment Process Overview (found on our website) and submit their Employment Application for a Primary Care Paramedic (attached) along with their cover letter and resume, by email, referencing the competition number in the subject line of the e-mail, on or before December 14, 2018 at 12:00pm (noon) local time to the:

Human Resources Department Kenora District Services Board - NWEMS Email: hr@kdsb.on.ca; Fax: (807) 223-6500

Confidential information provided by applicants will be used for the purpose of this competition only and will be protected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. While all responses are appreciated, only those applicants selected for an interview will be contacted.

Primary Care Paramedic Employment Application



INSTRUCTIONS

Please complete all sections as thoroughly as possible and be prepared to include the documents requested in Section 7 if invited to attend preemployment testing. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for employment. A separate application is required for each competition. Along with your application, **please be sure to attach a copy of your cover letter and resume**.

The personal information requested on this form is collected and managed as per the *Municipal Freedom of Information and Protection of Privacy Act, R. S. O. 1990.* All information provided to us is considered supplied in confidence.

| Section 1: POSITIO | N INFORMATION | | | | | | | | | | |
|--|------------------------|--------------|-----------------------------------|---------------------|---------------|-----------|--------------------|---------------|-------------|--------|--|
| Competition/Posting # Date Available for Work (yyyy/mn | | | /dd): Type of Position Preferred: | | | | | | | | |
| | | | | G Full-time D Part- | | | -time 🔲 Casual | | | | |
| Preferred Work Locations | | Drvden 🗆 | Red Lake | ∃ Far Falls □ |] Sioux Narro | ows F |]Kenora □N | lestor Fal | s | | |
| Pickle Lake Sioux Lookout Ignace Dryden Red Lake Ear Falls Sioux Narrows Kenora Nestor Falls Section 2: PERSONAL INFORMATION | | | | | | | | | | | |
| Last Name: | | | First Name: | | | | Middle Initial(s): | | | | |
| | | | | | | | | | | | |
| Mailing Address: | | | City: | | | Province: | Postal Code: | | | | |
| | | | | | | | | | | | |
| Primary Phone Number: Alternate | | | Phone Number: E-r | | | E-m | -mail Address: | | | | |
| | | | | | | | | | | | |
| What is your legal status to | work in Canada? Sun | porting doc | rumentation | may he require | ed | | | | | | |
| What is your legal status to work in Canada? Supporting documentation may be required. | | | | | | | | | | | |
| Have you ever been convicted of a Criminal Offence for which you have not received a pardon and that prohibits you from working under the position | | | | | | | | | | | |
| you are applying for? | 🗌 Yes 🗌 No | | | | - | | - | | | - | |
| Section 3: EDUCATION, TRAINING, AND PROFESSIONAL ASSOCIATIONS | | | | | | | | | | | |
| Please provide details of secondary and post-secondary education, courses, and training that have given you work-related knowledge, skills, and/or abilities starting with the highest level achieved. Attach an additional page if necessary. Please note: Offers of employment are conditional upon providing proof of education noted below. | | | | | | | | | | | |
| | Area of Study/Course | | | | Duration | | Comm | | | | |
| Name of Institution | or Organization | | Area or a | itudy/Course | | | mm/yy to mm/yy | | Comp | leted? | |
| | | | | | | _ | to | | ΠY | 🗌 N | |
| | | | | | | | to | | ΠY | □ N | |
| | | | | | | | to | | ΠY | □ N | |
| Section 4: EMPLOY | MENT HISTORY | | | | | | | | | | |
| Have you previously applie | | the KDSB? | | Have you p | previously wo | orked fo | or the KDSB? | | | | |
| Yes No If yes, | when (mm/yy): | | - | ☐ Yes [| No If ye | es, whe | n (mm/yy): | | | | |
| Section 5: OTHER I | NFORMATION | | | | | | | | | | |
| Please describe any other | information which migh | t help us ev | aluate your | candidacy (su | ımmarize why | y you b | elieve you qua | alify for the | e position(| s) for | |
| which you have applied): | | | | | | | | | | | |
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Primary Care Paramedic Employment Application



Section 6: REFERENCES

Reference checks will be conducted to assess your past work performance. We ask for this information in advance to expedite the recruitment process later on, however, your references will only be contacted if you are selected and successfully complete the interview process. By signing this section, you understand that a condition of your employment is verification of past employment, education, and other information provided by you. Accordingly, you give a representative of the Kenora District Services Board permission to obtain or exchange personal information with the persons listed below for the purposes of employment with the Kenora District Services Board.

| Się | gnature of Applicant: X | Date (yyyy/mm/dd): | | | | | |
|--|-----------------------------------|-----------------------------|---------------|--|--|--|--|
| 1 | Name and position: | E-mail Address (preferred): | | | | | |
| | Relationship (i.e. manager): | No. of Years Known: | Phone Number: | | | | |
| 2 | Name and position: | E-mail Address (preferred): | | | | | |
| | Relationship (i.e. manager): | No. of Years Known: | Phone Number: | | | | |
| 3 | Name and position: | E-mail Address (preferred): | | | | | |
| | Relationship (i.e. manager): | No. of Years Known: | Phone Number: | | | | |
| Se | ection 7: PROOF OF QUALIFICATIONS | | | | | | |
| As part of your Application for Paramedic Employment with Kenora District Services Board – Northwest Emergency Medical Services, you must be prepared and able to provide copies of the following documents if invited to participate in pre-employment testing. Please check (<') all those that you WILL BE ABLE to provide (please DO NOT provide with your application): College Diploma or a letter from the College confirming your Graduation Date AEMCA Certificate or letter of registration to write AEMCA testing If AEMCA pending, copy of valid First Aid Certificate must be provided Current CPR-BLS Provider Certification (Must meet the Canadian Heart & Stroke Foundation Guidelines) Valid Ontario Class F Driver's License (front and back) MOHLTC mandatory training record or letter from college confirming mandatory training was received Driver's Abstract – 3 year search issued within the last 60 days Criminal Record Check including Vulnerable Sector Screening (issued within the last 90 days) A passport quality photo An immunization/communicable disease serology report providing (refer to sample documents and the Ambulance Service Communicable Disease Standards attached to the PCP Recruitment Overview found on our website) proof of immunization and serology as outlined in Table 1, Part A proof that you are free of communicable diseases as listed in Table 1, Part B, which includes confirmation of the following: Measles, Mumps, Rubella Tetanus (issued within last 10 years) Diphtheria, Polio Influenza Diphtheria, Polio Influenza Diphtheria B | | | | | | | |
| Section 8: AGREEMENT Please read carefully before signing. This application is not valid unless your name, as authorization, is signed in the "signature" space provided | | | | | | | |
| below. (Note: If this application is submitted electronically, typing your name is deemed equivalent to signing). | | | | | | | |
| I certify that the information provided in this application and any attachments to it are true and complete. I understand that any false statements or deliberate omissions made by me on this application or attachments may be sufficient cause for the cancellation of the application and, if I have been employed, for the immediate dismissal from the Kenora District Services Board. | | | | | | | |

Signature of Applicant: X

Date (yyyy/mm/dd):