



Parkland Ambulance Care Ltd

225 - 24th Street West

Prince Albert, Saskatchewan, Canada S6V 4M8

Emergency 9-1-1 or (306) 953-9804 Information (306) 953-9800 Facsimile (306) 763-1187

On the web at www.parklandambulance.com

Application for Employment

**Please complete all portions of the application clearly. Please print in ink only
Where a YES/NO choice is offered please clearly circle your response.**

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

If application relates to particular job advertisement or competition please quote advertisement and/or competition information here: _____

Last name: _____ Middle initial: _____ First name: _____

Address _____

City/Town _____

Province _____ Postal Code _____

Telephone Number _____ Alternate Number _____

Do you hold a valid Saskatchewan Drivers license? YES/NO

Are you currently employed? YES/NO With whom/where? _____

Are you currently employed as an EMS professional? YES/NO What level? _____

Please provide current registration number? _____ Province _____

Has your license/registration to work ever been revoked or suspended? YES/NO

Are you a graduate of a CMA accredited training program? YES/NO Name of School _____

Are you legally entitled to work in Canada? YES/NO

Please list all academic, professional and/or vocational schools or courses (with certification) attended/obtained within the last 5 years: (Please specify school/program, location and recognition obtained)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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

Do you feel that you have the required skills to be actively employed in the emergency medical services profession? Those skills include but are not limited too: frequent stretching and/or bending, lifting heavy objects sometimes over difficult surfaces ie stairs, 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 physical exercise? YES/NO Examples: _____

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

Do you engage in any volunteer activities? YES/NO Explain: _____

In 50 words or less please describe yourself: _____

Please attach the following information to this application and submit it **all together** with this application

- CPR certificate (must be BLS-C within last 6 months)
- BTLS certification
- AED certification
- ACLS certification (if applicable)
- PedACLS (if applicable)
- Proof of emergency services certification held ie: EMT, PCP, etc.
- Resume
- Minimum of 3 references which must have complete mailing address and telephone number
- Drivers abstract
- Certificates of achievement or other professional development credentials

After your application has been received and as part of the hiring process you may be asked to participate in skill testing to your current level of qualification. This may include any but is not limited to: physical fitness testing by an outside agency; internal evaluation through scenario (or other means) and written examination; criminal records check; oral presentation skills during a personal interview. Together with this application, our hiring process will select the best professionals to join the team at Parkland Ambulance Care Ltd.

All applications are held on file for one year from date of receipt. After that date they are destroyed.

I, the applicant named below, declare that all the information, statements and attachments are true, factual and complete. I also declare that I have not knowingly supplied false or misleading information in my attempt to gain employment with Parkland Ambulance Care Ltd. If false or misleading information is discovered I understand that this is grounds for disqualification from the hiring process and may be grounds for termination of my employment. By my signature, I give permission for Parkland Ambulance Care Ltd to contact any and all references, verify any certifications presented, and review my application with any other persons named or shown in this application for employment.

Signature

Name (please print)

Date

Please mail or deliver completed applications forms to:

Operations Manager
Parkland Ambulance Care Ltd
225 – 24th Street West
Prince Albert, SK S6V 4M8

Your application maybe forwarded onto one of our companies listed below. If you **do not** want this please check here and initial beside the check mark. We will then **not** forward your application.

1. Blaine Lake Ambulance Care
2. Spiritwood/Big River Ambulance Care
3. MD Ambulance – Saskatoon
4. Parkland Emergency Medical Services (Pelican Narrows)