



JOB POSTING

PRIMARY CARE PARAMEDIC CASUAL POSITIONS

With Opportunity to Work Up To Full-Time Hours

The Rainy River District Social Services Administration Board (RRDSSAB) is seeking *Primary Care Paramedics* who are willing to work on a Casual basis in our various service areas within the Rainy River District. Reporting to the Deputy Chief, the *Primary Care Paramedic* is responsible for operating emergency vehicles and providing the full scope of pre-hospital medical services directly to the public in a manner consistent with legislation, regulations, policies, procedures and standards.

All candidates must be qualified to work according to the *Ambulance Act* and will be subject to pre-employment testing. Possess the ability to meet the physical demands necessary to perform patient extrication, lifting, carrying, positioning, and treatment, Physical Agility testing required. Potential candidates must be able to provide a current, satisfactory driver's abstract and criminal background check including vulnerable sector screening within the last 30 days. Candidates must submit proof of being fully vaccinated against COVID-19 or proof of a medical contraindication as a condition of employment. As a casual employee, there is often the opportunity to work up to full-time hours.

A complete *Job Description* may be obtained by contacting Aynsley McKinnon, Human Resources Officer at amckinnon@rrdssab.on.ca or (807) 274-5349 ext. 234. Salary is in accordance with the *CUPE Collective Agreement*, with an anticipated start date of June, 2022. Candidates who meet or exceed the requirements for this challenging position are invited to submit their Employment Application for Primary Care Paramedic (attached) along with their resume and cover letter to:

Aynsley McKinnon, Human Resources Officer
Rainy River District Social Services Administration Board
450 Scott Street
Fort Frances, ON P9A 1H2
Competition # HR-17-2022-PCP
PRIVATE & CONFIDENTIAL
or

Email: amckinnon@rrdssab.on.ca

The Rainy River DSSAB wishes to thank all applicants, however, only those selected for an interview will be contacted. The RRDSSAB is an equal opportunity employer. Accessibility accommodations are available for all parts of the recruitment process. Applicants need to make their needs known in advance. This document is available in an alternative format upon request. Information gathered is in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for candidate selection and, for the successful applicant, for relevant Human Resource purposes.



Primary Care Paramedic Employment Application Form

INSTRUCTIONS

Please complete all sections as thoroughly as possible and be prepared to include the documents requested in Section 7 if invited to attend pre-employment 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: POSITION INFORMATION

Competition #: _____

Date Available for Work (yyy/mm/dd): _____

Type of Position Preferred: Full-time

Part-time

Casual

Section 2: PERSONAL INFORMATION

First Name: _____

Middle Initial(s): _____

Last Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address (mandatory): _____

Are you legally entitled to work in Canada? Note: Supporting documentation may be required.

Yes

No

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



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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 proof of education noted below.

Name of Institution or Organization: _____

Area of Study/Course: _____

Duration (mm/yy to mm/yy): _____

Completed? Yes No

Name of Institution or Organization: _____

Area of Study/Course: _____

Duration (mm/yy to mm/yy): _____

Completed? Yes No

Name of Institution or Organization: _____

Area of Study/Course: _____

Duration (mm/yy to mm/yy): _____

Completed? Yes No

Section 4: EMPLOYMENT HISTORY

Have you previously applied for employment with the RRDSSAB?

Yes

No

If yes, when (mm/yy): _____

Have you previously worked for the RRDSSAB?

Yes

No

If yes, when (mm/yy): _____



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Section 5: OTHER INFORMATION

Please describe any other information which might help us evaluate your candidacy (summarize why you believe you qualify for the position(s) for which you have applied):

Section 6: WORK RELATED 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 (MUST list previous Supervisors). 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 Rainy River DSSAB permission to obtain or exchange personal information with the persons listed below for the purposes of employment with the Rainy River DSSAB.

Signature of Applicant: _____

Date (yyyy/mm/dd): _____

Reference #1

Name and Position: _____

Relationship (ie. Manager): _____

Number of Years Known: _____

Email Address (preferred): _____

Phone Number: _____

Reference #2

Name and Position: _____

Relationship (ie. Manager): _____

Number of Years Known: _____



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Section 6: WORK RELATED REFERENCES

Email Address (preferred): _____

Phone Number: _____

Reference #3

Name and Position: _____

Relationship (ie. Manager): _____

Number of Years Known: _____

Email Address (preferred): _____

Phone Number: _____

Section 7: PROOF OF QUALIFICATIONS

As part of your Paramedic Employment with Rainy River District Social Services Administration Board, Rainy River District Paramedic Services, you must be prepared and able to provide copies of the following documents if invited to participate in pre-employment testing. Please (✓) all those that you **WILL BE ABLE** to provide (please **DO NOT** provide with your Application Package)

- 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
- Criminal Record Check including Vulnerable Sector Screening (Original document issued within the last 90 days)
- A valid passport, Nexus, or other document that will permit entry into the United States
- An immunization/communicable disease serology report providing proof of immunization and serology as outlined in Table 1, Part A of the Ambulance Service Communicable Disease Standard, which includes confirmation of the following:
 - Measles, Mumps, Rubella
 - Diphtheria, Polio
 - Chicken Pox
 - Hepatitis B
 - Tetanus (issued within last 10 years)
 - Influenza
 - Pertussis
- Proof that you are free of communicable diseases as listed in Table 1, Part B of the Ambulance Service Communicable Disease Standard



Primary Care Paramedic Employment Application Form

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 accompanying attachments 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 Rainy River District Social Services Administration Board.

Signature of Applicant: _____

Date (yyyy/mm/dd): _____