



# Kelvington Mobile Health Services

*Si is est non infractus, operor non restituo is.*

100 1<sup>st</sup> STREET WEST · KELVINGTON, SK · S0A 1W0 · 306-327-4233

## 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 check your response.**

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

NAME	Firat	Middle Initial	Last		
ADDRESS	Street/Box		Town	Prov	Postal Code
PHONE	<input type="checkbox"/> I may be contacted here		CELL	<input type="checkbox"/> I may be contacted here	
FAX	<input type="checkbox"/> I may be contacted here		WORK	<input type="checkbox"/> I may be contacted here	
What position are you applying for?		EMT/PCP <input type="checkbox"/>	EMT-A/ICP <input type="checkbox"/>	EMT-P/ACP <input type="checkbox"/>	
Do you hold a valid Saskatchewan Class 4 Driver License?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to work shiftwork, on call, and weekends?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you physically capable of lifting up to 100 pounds to your waist level?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a disability which may prevent you from performing duties?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally entitled to work in Canada?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Where?		
Are you currently an EMS professional? Yes <input type="checkbox"/> No <input type="checkbox"/>			What Level?		
Are you registered with the SCoP? Yes <input type="checkbox"/> No <input type="checkbox"/>			Registry Number?		
Do you volunteer with any organisations? Yes <input type="checkbox"/> No <input type="checkbox"/>			Which Ones?		
Are you physically active? Yes <input type="checkbox"/> No <input type="checkbox"/>			Give Examples.		
Do you have any hobbies or activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please Describe		
Have you received any commendations? Yes <input type="checkbox"/> No <input type="checkbox"/>			Which Ones?		



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In 50 words or less please describe yourself:

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

- Current CPR certificate
- ITLS certification
- AED certification
- ACLS certification (if applicable)
- PALS/PEPP (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
- RCMP Criminal records check

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



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*I, \_\_\_\_\_, 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 Kelvington Mobile Health Services. 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 Kelvington Mobile Health Services 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  
Kelvington MHS  
Box 983  
Kelvington, SK  
S0A1W0