



Middlesex- London EMS Authority Job Opening

Union

Job Title: Advanced Care Paramedic
Job Opening ID- 2013-03-04
Location: Station 3
Full Time/Part Time- Full Time
Post Date- March 28, 2013

Rate- 34.87-37.99 per hour
Positions- 1
Standard Hours- 42 / week
Regular/Temporary- Regular
Close Date- April 11, 2013

Job Summary

Middlesex County has established The Middlesex-London Emergency Medical Services Authority to manage the day to day operations of the Land Ambulance System for Middlesex County and the City of London. At this time, applications are invited for the position of Advanced Care Paramedic.

The successful candidate will provide advanced emergency medical care and transportation for ill and injured patients to health care facilities by conducting patient assessments and evaluations, prioritizing and providing patient care in accordance with basic and advanced life support program standards, guidelines, methods and techniques and Base Hospital protocols.

Applicants from MLEMS part time only, interested in the position may submit a cover letter to Mr. Colin Heise 519-679-5466 ext.104, via email at applications@mlems.ca. External applicants may submit a resume and cover letter to Mr. Colin Heise via email at applications@mlems.ca. All applicants should quote the position title in the subject line, or drop-off a copy of this documentation to 340 Waterloo St., London, ON by April 11, 2013. For a copy of the complete job description please contact Colin Heise at 519-679-5466 ext.104.

Education

- Currently holds an Advanced Emergency Medical Care Assistant (AEMCA) certificate
- Certified as an Advanced Care Paramedic by SWORBHP

Special Requirements

- Vaccine: Influenza Shot – Preferred
- Must possess and maintain a valid Class "F" Ontario Driver's License– Required
- All external candidates are required to complete and successfully pass an approved physical evaluation at the candidates cost by the application closing date. MLEMS approved physical demands testing will be conducted by Sibley. Candidates are required to self-schedule their physical evaluation. For testing information and dates contact Sibley at 1-800-363-8900 ext. 6667 or visit www.sibley.ca

Closing Statement

Applicant information is collected under the Municipal Freedom of Information Act, and will be held in confidence, and only be used for candidate selection. We are dedicated to equal opportunity employment.

Let us know why you would be an excellent team member by submitting your online application no later than Thursday, April 11, 2013.

We appreciate receiving all expressions of interest; however, only those candidates invited for an interview will be acknowledged.

We are an Equal Opportunity Employer. www.mlems.ca
To explore this opportunity and apply online, visit us at www.mlems.ca and visit our Careers Page.



Middlesex- London EMS Authority Job Opening



Application for Employment

Thank you for your interest in MLEMS, enclosed is an application package for you to complete. Your package must be returned with all required information before we can process your file any further.

Our hiring process commences once a completed application package is received. Candidates will be selected and invited to attend a written test including a scenario-based assessment. Successful candidates will then be scheduled for an interview. Candidates are also required to successfully complete the physical abilities testing by *Sibley* at their own cost.

Please ensure that you submit all required documentation on **separate sheets**. Included in this package are forms and questions intended to gather the information required for your application to be considered. Specifically, we require the following:

- Fully completed employment application
- Confirmation of acceptable medical status signed by a physician
- Proof that you hold the mandatory requirements under the Ambulance Act and Regulations
- Confirmation of successful completion of mandatory core training requirements
- You must also include recent (no more than 1 month old) Vulnerable Sector Search and Driver's License Search with your application.

MLEMS maintains a competitive wage scale and offers a comprehensive benefit package and pension plan.

All employees must and will be available to work anywhere within the designated service area which may include stand-by assignment. Part-time employees shall provide the Employer with their availability sixty (60) days in advance, indicating a minimum availability for six (6) shifts per month.

A full-time or part-time employee shall be on probation until 1040 regularly scheduled hours have been worked. Hours accrued during part-time employment for this service shall be accepted for credit towards the employees' full-time probation period to a maximum of 520 hours.

Please ensure that your application package is returned to us with all the required information to avoid delays in considering you for employment.

Thank you for considering a career with Middlesex-London Emergency Medical Services Authority.

Sincerely,

Colin Heise, AEMCA, BA, C.OHS
Middlesex-London Emergency Medical Services
340 Waterloo St. London, Ontario N2B-2N6
Office: 519-679-5466- Ext 104
Fax: 519-679-9509
Email: cheise@mlems.ca



Application for Employment

Please answer all questions fully. Incomplete applications will not be considered. A resume may be attached but will not be accepted as substitution.

All completed applications must be returned to:

Middlesex-London Emergency Medical Services Authority
Attn: Colin Heise
340 Waterloo Street
London, Ontario
N6B 2N6
Fax : (519) 679-9509
cheise@mlems.ca

Please Print Using Block Letters

General Information		
Last Name	First Name	Middle Name
Address		Apartment/Unit number
City/Town	Province	Postal Code
Home Telephone Number		Business or Daytime Telephone Number

Position Applied For	
Primary Care Paramedic (PCP) <input type="checkbox"/> Advanced Care Paramedic (ACP) <input type="checkbox"/> Supervisory <input type="checkbox"/> Administrative <input type="checkbox"/>	Type of Position Preferred: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Have you ever been employed in an EMS capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", provide service name and location
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently possess the Ontario requirements to work as an EMS in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note: Depending on the position applied for, offers of employment will be conditional upon providing an acceptable criminal and drivers record search.	
Do you have a valid Ontario issued driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate your driver's licence class (circle appropriate class) A B C D E F G G1 G2	Z Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No



Education			
High School	Length of Program	Major Subject	Certificate/ Diploma/ Degree Obtained
Business, Trade or School			
College			
University			
Other			

Employment History		
All Employment History will be verified		
Company Name & phone number	Occupation	From - to
Reason for leaving (if applicable)		Immediate Supervisor's name
Duties:		
Company Name & phone number	Occupation	From - to
Reason for leaving (if applicable)		Immediate Supervisor's name
Duties:		
Company Name & phone number	Occupation	From - to
Reason for leaving (if applicable)		Immediate Supervisor's name
Duties:		

Please use this space to include additional information that has not been addressed in our application that would assist us in assessing your suitability for employment.



Read Carefully:

I hereby certify that the information provided is correct and understand that any false statements or deliberate omissions made by me on this application or in the recruitment or selection process may be sufficient cause for the cancellation of the application and, if I have been employed, for immediate dismissal from MLEMS.

I agree to submit a Medical/Communicable Disease Status document as provided by MLEMS at my own expense.

I agree that I will abide by all the legislative requirements, policies and standards governing MLEMS employees.

Signature

Dated



MANDATORY CERTIFICATION REQUIREMENTS (as per Regulation 257/00)

NAME: _____ (Please Print)

Please check mark each copy as you include it in the application package and return this form with your application. This will be a tool for you to ensure that all required documents are returned for consideration.

1. Drivers Licence (copy of front and back, including photo)..... ☐
2. Birth Certificate..... ☐
3. Medical (free of communicable diseases)..... ☐
4. Immunization Certificate..... ☐
 - MMR..... ☐
 - DPT..... ☐
 - Chicken Pox..... ☐
 - Flu..... ☐
5. Hepatitis "B" Series x 3..... ☐
6. CPR Certificate..... ☐
7. First Aid Certificate (if applicable)..... ☐
8. Secondary School Certificate ☐
9. AEC College Program Certificate (or equivalent)..... ☐
10. A-EMCA Certificate (or Grandfather exemptions letter)..... ☐
11. Copy of Ambulance ID card (if applicable)..... ☐
12. Copy of SIN Card..... ☐
13. Defib/Symptom Relief Certification status ☐
14. Criminal Record Search..... ☐
15. Driver's License Record Search..... ☐



All documents must be submitted on separate sheets

MANDATORY CORE TRAINING REQUIREMENTS (Revised 2002-02)

1. ACR / Stroke Review ☐
2. BLS Standards Certificate..... ☐
3. DNR Policy ☐
4. IV Monitoring..... ☐
5. Legal Issues..... ☐
6. Multiple Casualty Incidents ☐
7. OBS/Neonatal..... ☐
8. On-Scene Helicopter Response Policy ☐
9. Self Administered Medication ☐
10. Ventilation Review 1999 ☐
11. CTAS ☐

Other (non-mandatory) information if available

12. EMS related certificates/training ie. BTLIS, PALS, etc..... ☐

NOTES:

1. Proof (photocopies) of ALL Core Requirements listed above is mandatory to be considered valid.
2. Certificates/documentation may be obtained from Base Hospital Programs, a Regional Training Coordinator (RTC) and service operators.



A caution to all candidates for employment

DISCLOSURE and RELEASE

During the testing phase of our hiring process, you will be required to perform certain physical activities. For example, you may be tested on your abilities to operate and control different types of stretchers or equipment, your lifting skills, etc.... In doing such physical activities, a risk of injury is always present.

For this reason, we require that you read the statement below and if you wish to continue with this hiring process, sign, date and return this document with your completed application package.

By participating in this hiring process, I understand that there is no guarantee to any type of employment offer or opportunity with MLEMS. I understand that I may be rejected during any stage of the hiring process and further understand and agree that I will not hold any of the staff, management of MLEMS or the County of Middlesex responsible in any way for my rejection.

I understand and accept the potential risks involved while participating in the hiring process with MLEMS.

As a candidate, I further understand that I will be submitted to a lifting test. By signing this document, I agree to save harmless MLEMS, its employees or agents, for any injury that I may sustain during the testing.

Candidate Signature

Dated

Witness Signature

Dated

Received by (MLEMS)

Dated

Dear Physician:

In order to assist you in completing the “Medical Assessment” and “Communicable Disease Status Document” forms, we have provided the following information regarding the physical requirements of the paramedic’s position. If you have any questions please contact Middlesex-London Emergency Medical Services at (519) 679-5466.

Paramedics generally operate as members of a two-person team in the interchangeable role of driver and paramedic. Frequently, paramedics have no other assistance available. Inability to routinely perform a task could have an immediate, negative impact adversely affecting patient’s mortality / morbidity if not performed correctly and completely. Job functions are routine parts of most ambulance calls and are often performed concurrently.

Physical Strength

- Ability to lift, carry, push, pull a stretcher and patient that frequently weighs as per MLEMS physical demands analysis
- Grip and/or reach, holding the stretcher as well as reaching for and securing other supplies and/or equipment.
- Gross and fine finger movement is required to move oxygen cylinders, patient care equipment (ie. backboards, administration of medication via injection etc.), report writing, manipulation of radio controls.

Mobility

- Ability to sit, stand, walk, run, bend, stoop, crouch, climb, kneel, crawl, twist, balance.
- Paramedics are required to sit in an ambulance for extended periods of time, to access patients in residential homes, apartments or at accident sites that may be confined, obstructed, up or down one or more flights of stairs and traverse uneven terrain.

Sensory Perceptions

- Speech, touch, vision, reading, writing, hearing perception as necessary to ensure safe driving.
- Must meet the medical requirements in the Highway Traffic Act for a Class “F” drivers licence.
- To conduct patient interviews, assessment, examinations and treatment.
- To communicate via face to face conversation, the use of telephones, radios and any other means of communication.

Work Environment

- Inside / outside / cold / hot / humid / dry / vapour / fumes / dust / ice / noise / moving objects / congested work sites / hazardous materials / electrical / radiant and thermal energy / sharp edges.
- Work is not confined to one building or geographic area. In the course of a shift the paramedic may be required to go in and out of buildings (including homes, garages, offices, malls, institutions). The paramedic may be exposed to extreme conditions in these buildings or outside of them including but not limited to narrow or obstructed passageways, poorly constructed or deteriorating physical structures such as stairs, unfriendly animals, poor lighting.

Work Conditions

- Rotating shifts 8 to 12 hours, standby, the possibility of end of shift overtime due to emergency call demand.
 - Traveling, meeting deadlines, public interaction, working with teams or groups.
 - May be exposed to all types of weather conditions.
 - Must interact continually with members of the public and the health care team, often under highly stressful and time sensitive circumstances.
 - May be required to drive in adverse weather conditions or at a high rate of speed in an emergency situation.
-

Patient's Surname:	First Name:
Address:	City/Town:
Postal Code:	Telephone:
Date of Birth: (DD/MM/YY)	Date of exam for this report: (DD/MM/YY)

Please indicate limits in the appropriate column and provide explanation when required.

Capabilities	Any Limits Yes/No	If "Yes", please explain
Walking:		
Standing:		
Sitting:		
Crouching/Kneeling:		
Lifting Floor to Waist:		
Lifting Waist to Shoulder:		
Climbing:		
Ability to use hands:		

Limitations: Please indicate if necessary and provide explanation for each

<input type="checkbox"/>	Bending or twisting of (indicate body part/area)
<input type="checkbox"/>	Repetitive movement of (indicate body part/area)
<input type="checkbox"/>	Below shoulder activity
<input type="checkbox"/>	Above shoulder activity
<input type="checkbox"/>	Operating a motor vehicle
<input type="checkbox"/>	Restrictions related to medications
<input type="checkbox"/>	Limited physical exertion
<input type="checkbox"/>	Environment

Immunization

Attach proof of current immunizations for Tetanus, Diphtheria, Poliomyelitis, Measles, Mumps, Rubella, Chicken Pox (indicate year that patient had it), influenza and Hepatitis "B" (or that such immunization is medically contraindicated) as per the Ambulance Act and Regulations 257/00

Physician Information

Physician's name: (please print)	Signature
Address:	City/Town:
Date:	Telephone:

Communicable Disease Status Document

Examples of diseases in Ontario which, when in an acute symptomatic state, should preclude a Paramedic from participating in the direct assessment of or provision of patient care:

<input type="checkbox"/>	Acquired Immunodeficiency Syndrome (AIDS)	<input type="checkbox"/>	Leprosy
<input type="checkbox"/>	Amebiasis	<input type="checkbox"/>	Listeriosis
<input type="checkbox"/>	Anthrax	<input type="checkbox"/>	Malaria
<input type="checkbox"/>	Botulism	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Campylobacter enteritis	<input type="checkbox"/>	Viral Meningitis
<input type="checkbox"/>	Chicken Pox (Varicella)	<input type="checkbox"/>	Meningococcal Meningitis
<input type="checkbox"/>	Cholera	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Cytomegalovirus Infection (Congenital)	<input type="checkbox"/>	Ophthalmia Neonatorum
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Parathyphoid Fever
<input type="checkbox"/>	Encephalitis (Primary Viral)	<input type="checkbox"/>	Pertussis (Whooping Cough)
<input type="checkbox"/>	Gastrointenteritis	<input type="checkbox"/>	Plague
<input type="checkbox"/>	Giardiasis	<input type="checkbox"/>	Poliomyelitis (Acute)
<input type="checkbox"/>	Group A Streptococcal Disease (Invasive)	<input type="checkbox"/>	Psittacosis/Ornithosis
<input type="checkbox"/>	Haemophilus Influenza B Disease (Invasive)	<input type="checkbox"/>	Q Fever
<input type="checkbox"/>	Hemorrhagic Fevers, including Ebola virus disease, Marburg Virus Disease, and other Viral Causes	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	Viral Hepatitis including Hepatitis A, B and C	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Rubella (Congenital Syndrome)
<input type="checkbox"/>	Lassa Fever	<input type="checkbox"/>	Salmonellosis
<input type="checkbox"/>	Legionellosis	<input type="checkbox"/>	Shigellosis
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Tularemia
<input type="checkbox"/>	Thyphoid Fever	<input type="checkbox"/>	Verotoxin producing E.Coli Infections
<input type="checkbox"/>	Yellow Fever	<input type="checkbox"/>	Yersiniosis

Middlesex-London Emergency Medical Services Authority Physician Verification of Immunity and Communicable Disease Status

I, _____, verify that, to the best of my
(Physicians Name)
Knowledge that _____ does not have nor suffer from
(Candidates Name)
the diseases listed in Part B above.

Signature of Physician: _____

Date: _____
