



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:

Thames Emergency Medical Services Inc.
Attn: Al Hunt
340 Waterloo Street
London, Ontario
N6B 2N6
Fax: (519) 679-9509
ahunt@thamesems.com

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 may 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.



Thames Emergency
Medical Services
Inc.

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 Thames EMS.

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

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

Signature

Dated