PRIMARY CARE PARAMEDIC

Full-Time Interim

Rainy River, ON

Hourly wage of $43.03-$45.65

DISTRICT OF RAINY RIVER SERVICES BOARD

RAINY RIVER DISTRICT PARAMEDIC SERVICES

JOB POSTING

The District of Rainy River Services Board (DRRSB) is seeking a Primary Care Paramedic for an interim full-time position to fill a vacancy at our Rainy River Ambulance Base. 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 an asset. 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.

This is an open-ended call for recruitment. A complete Job Description may be obtained by contacting Aynsley McKinnon, Human Resources Officer at aynsley.mckinnon@rrdssab.ca or (807) 274-5349 ext. 234. Salary is in accordance with the CUPE Collective Agreement. 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
District of Rainy River Services Board
450 Scott Street
Fort Frances, ON P9A 1H2
Competition #HR-27-2026-PCP-FTI
PRIVATE & CONFIDENTIAL
or
Email: aynsley.mckinnon@rrdssab.ca

If you are a recent Paramedic School Graduate, you may be eligible for our Education Cost Recovery Program.

Pay off tuition, fees, books, and supplies with up to $4,000 per year for two years!

Contact Aynsley McKinnon to learn more.

The DRRSB wishes to thank all applicants, however, only those selected for an interview will be contacted. The DRRSB in 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

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/Posting #	Date Available for Work (yyyy/mm/dd):	Type of Position Preferred:
_____	_____	☐ Full-time ☐ Part-time ☐ Casual

Section 2: PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial(s):
_____	_____	_____

Mailing Address:	City:	Province:	Postal Code:
_____	_____	_____	_____

Primary Phone Number:	Alternate Phone Number:	E-mail Address:
_____	_____	_____

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

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 providing proof of education noted below.

Name of Institution or Organization	Area of Study/Course	Duration mm/yy to mm/yy	Completed?
_____	_____	_____ to _____	☐ Y ☐ N
_____	_____	_____ to _____	☐ Y ☐ N
_____	_____	_____ to _____	☐ Y ☐ N

Section 4: EMPLOYMENT HISTORY

Have you previously applied for employment with the RRDSSAB?	Have you previously worked for the RRDSSAB?
☐ Yes ☐ No If yes, when (mm/yy): _____	☐ Yes ☐ No If yes, when (mm/yy): _____

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):

_____

_____

_____

_____

_____

_____

Primary Care Paramedic Employment Application

Rainy River District Social Services Administration Board

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. 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 District Social Services Administration Board permission to obtain or exchange personal information with the persons listed below for the purposes of employment with the Rainy River District Social Services Administration Board.

Signature of Applicant: **X** _____			Date (yyyy/mm/dd): _____
1	Name and position:		E-mail Address (preferred):
	Relationship (i.e. manager):	No. of Years Known:	Phone Number:
2	Name and position:		E-mail Address (preferred):
	Relationship (i.e. manager):	No. of Years Known:	Phone Number:
3	Name and position:		E-mail Address (preferred):
	Relationship (i.e. manager):	No. of Years Known:	Phone Number:

Section 7: PROOF OF QUALIFICATIONS

As part of your Application for 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 check (✓) all those that you **WILL BE ABLE** to provide (please **DO NOT** provide with your application):

- ☐ 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 (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

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 attachments to it 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: **X** _____ Date (yyyy/mm/dd): _____