

Middlesex- London Paramedic Service

Application Package





Middlesex–London Paramedic Service

Dear Applicant:

Thank you for your interest in Middlesex-London Paramedic Service (MLPS), enclosed is an application package for you to complete. This package is very comprehensive and includes forms and questions intended to gather the information required for your application to be considered. Please review it carefully. **You will be required to submit all of the required paperwork by the posting close date.**

Our hiring process commences once a completed application package is received. Candidates that successfully pass through the various evaluation stages of the application process will then be invited for an interview.

MLPS maintains a competitive wage scale and offers a comprehensive benefit package to full-time employees and compensation in lieu of benefits for part-time employees. MLPS is also an OMERS pension employer and all employees are eligible for membership into the plan in accordance with the provisions and stipulations of the OMERS Act.

All employees must be available to work anywhere within the designated service area.

The following will be required of part-time employees:

All part-time employees shall submit, at a minimum, their scheduling availability by the first day of the month prior to the calendar month being scheduled.

All part-time employees shall submit availability and be available to work:

- A minimum of three (3), twenty-four (24) hour periods in a pay period, however, they will only be required to work a minimum of one (1) shift per week; and,
- A minimum of one (1) twenty four (24) hour period must fall within the weekend in a calendar month, (shifts that start Friday at 17:00 to Sunday at 16:59); and
- A minimum of 25% of paid holidays each calendar year in addition to below.
- Notwithstanding any other Article in the agreement, part-time employees shall confirm their availability to work and be available to work, either the Christmas or New Year's holiday period. The Christmas holiday period is defined as Christmas Eve and Christmas Day. The New Year's holiday period is defined as New Year's Eve and New Year's Day.

Thank you for considering a career with Middlesex-London Paramedic Service.

Sincerely,

Colin Heise
Middlesex-London Paramedic Service



Middlesex- London Paramedic Service

Section One

Application for Employment

Please answer all questions fully in the Application for Employment document. Incomplete applications will not be considered. A cover letter and resume must be attached but will not be accepted as substitution for this application form.

All completed applications must be submitted electronically to: applications@mlems.ca

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



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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 MLPS.

I agree to submit all documentation required by MLPS and understand that any costs associated with acquiring these documents are at my own expense.

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

Signature

Dated



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DISCLOSURE and RELEASE

A caution to all candidates for employment

During the testing phase of our hiring process at Middlesex-London Paramedic Service (MLPS), 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.

I, _____
(print name)

acknowledge, understand and accept that there are potential risks involved in participating in the testing phase of the hiring process at MLPS.

Further, I acknowledge and understand that there is no guarantee to any type of employment offer or opportunity with MLPS. I understand that there is a potential that I will not progress through all stages of the hiring process and further understand and agree that I will not hold any of the staff, management of MLPS or the County of Middlesex responsible in any way.

As a candidate, I further understand that I will be required to complete a physical agility test through a third party. By signing this document, I agree to save harmless MLPS, its employees or agents, for any injury that I may sustain during that testing.

Candidate Signature

Dated

Received by (MLPS management official)

Dated



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Section Two

Education and Certification Requirements

Under the Ambulance Act, Ontario Regulation 257/00, a Land Ambulance Service is required to ensure all employees responsible for patient care possess the necessary education and certifications detailed in the act. It is your responsibility to ensure you provide all of the required documentation listed below. You are required to provide a copy of the documents and will be required to present the ORIGINALS upon request.

Please utilize the checklist included with this package to assist you in ensuring all documentation is present.

1. Valid Ontario Driver's Licence (Class F or equivalent to Class F)
2. Ministry of Transportation of Ontario Driver's Abstract (valid within 30 days prior to the posting date)
3. Criminal Record/Vulnerable Sector Search (valid within 30 days prior to the posting date)
4. Paramedic Program College Diploma or Expectation to Graduate Letter from College
5. A-EMCA Certificate or proof that it is pending/Grandfathered Exemption Letter
6. Advanced Care Paramedic Program College Diploma or Expectation to Graduate Letter from College (if applicable)
7. Advanced Care Paramedic Certificate or proof that it is pending (if applicable)
8. Defibrillation/Symptom Relief Certification Status (if applicable)
9. Valid CPR – HCP Level (should not expire prior to 2 months after the closing date of the posting)
10. Valid Standard First Aid Certificate (required if not A-EMCA certified) (should not expire prior to 2 months after the closing date of the posting)

Section Three

Immunization Requirements



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Under the Ambulance Act, Ontario Regulation 257/00, a Land Ambulance Service is required to ensure all employees responsible for patient care meet specific immunization standards as detailed in the act. It is your responsibility to ensure you provide all of the required documentation listed below. You are required to provide a copy of the documents and will be required to present the ORIGINALS upon request. Middlesex-London Paramedic Service (MLPS) also requires certain things above and beyond Ontario Regulation 257/00.

Please utilize the final checklist included with this package to assist you in ensuring all documentation is present.

1. Medical Assessment and Physical Abilities Verification Form (FORM 1)
 2. Communicable Disease Status Form (FORM 2)
 3. Physician Verification and Declaration of Immunity and Communicable Disease Status as to Ambulance Service Communicable Disease Standards Version 2.1 – Table 1- Part A (FORM 3)
 4. Proof of immunizations detailed in FORM 3:
 - Tetanus/Diphtheria
 - Polio
 - Pertussis
 - Measles
 - Mumps
 - Rubella
 - Hepatitis B
 - Varicella
- Form 3 and the final checklist explains exactly what is required with these immunizations to make you compliant with the Communicable Disease Standards.
5. Influenza Documentation
 6. Tuberculosis Testing and Results



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Forms

Dear Physician:

In order to assist you in completing the "Medical Assessment/Physical Abilities Verification Form", we have provided the following information regarding the physical requirements of the paramedic's position. If you have any questions please contact Middlesex-London Paramedic Service at (519) 679-5466 x.1104.

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 MLPS 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" driver's 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.



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Work Conditions

- Rotating shifts (12 hours), 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.



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Medical Assessment and Physical Abilities Verification Form FORM 1

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

☐	Bending or twisting of (indicate body part/area)
☐	Repetitive movement of (indicate body part/area)
☐	Below shoulder activity
☐	Above shoulder activity
☐	Operating a motor vehicle
☐	Restrictions related to medications
☐	Limited physical exertion
☐	Environment

Physician Information and Signature: (Must be a Physician's Signature)

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



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Communicable Disease Status Form FORM 2

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)

Examples of reportable diseases in Middlesex-London (as per the Middlesex-London Health Unit) which, when in an acute symptomatic state, should preclude a Paramedic from participating in the direct assessment of or provision of patient care:

Acquired Immunodeficiency Syndrome (AIDS)	Measles
Amebiasis	Meningitis, acute: bacterial, viral and other causes
Anthrax	Meningococcal disease, invasive
Botulism	Mumps
Brucellosis	Ophthalmia Neonatorum
Campylobacter enteritis	Paratyphoid Fever
Chancroid	Pertussis
Chickenpox (Varicella)	Plague
Chlamydia trachomatis infections	Pneumococcal disease (Streptococcus pneumonia), invasive
Cholera	Poliomyelitis (Acute)
Clostridium difficile associated disease (CDAD)	Psittacosis/Ornithosis
Cryptosporidiosis	Q Fever
Cyclosporiasis	Rabies
Diphtheria	Rubella and Congenital Rubella Syndrome
Encephalitis primary viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis and unspecified.	Salmonellosis
Gastroenteritis	SARS (Severe Acute Respiratory Syndrome)
Giardiasis	Shigellosis
Gonorrhoea	Small pox
Group A Streptococcal Disease (Invasive) Group B Streptococcal disease, neonatal	Syphilis
Haemophilus Influenza B Disease (Invasive)	Tetanus
Hantavirus pulmonary syndrome	Transmissible Spongiform Encephalopathy (eg CJD)
Hemorrhagic Fevers, including Ebola, Marburg, and other Viral Causes	Trichinosis
Hepatitis A, B, and C	Tuberculosis
Influenza	Tularemia
Lassa Fever	Typhoid Fever
Legionellosis	Verotoxigenic-producing E. coli infection indicator conditions, including hemolytic uremic syndrome (HUS)
Leprosy	West Nile Virus
Listeriosis	Yellow Fever
Lyme Disease	Yersiniosis
Malaria	

Physician Information and Signature: (Must be a Physician or Nurse Practitioner's Signature)

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



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Physician Verification and Declaration of Immunity and Communicable Disease Status as to Ambulance Service Communicable Disease Standards Version 2.1- Table 1 – Part A

In order to assist you in completing the "Communicable Disease Status Document" form, we have provided the following information regarding Ambulance Service Communicable Disease Standards. If you have any questions please contact Middlesex-London Paramedic Service at (519) 679-5466 x.1104.

The Ministry of Health and Long Term Care requires an applicant be:

- a. immunized against each of the diseases set out in Table 1 – Part A; **OR**
- b. states that,
 - i. such immunization is medically contraindicated,
 - ii. there is laboratory evidence of immunity (applicable only for Varicella [Chickenpox], Measles, Mumps, Rubella and Hepatitis B), or
 - iii. there is medically documented diagnosis or verification of history (applicable only for Varicella [Chickenpox]).

This declaration **must** be completed and signed off by a **Physician or Nurse**. They will need to review the immunizations and confirm that you meet the requirements as specified in Table 1 – Part A (below) of the new Ambulance Service Communicable Disease Standards Version 2.1. **Copies of all immunization records and laboratory results must also be included with the declaration.**

To be compliant with the Ambulance Service Communicable Disease Standard you will need to ensure the following:

Table 1 – Part A

Ambulance Service Communicable Disease Standards Version 2.1- Table 1 – Part A

Tetanus/Diphtheria

Proof of immunization history is required. If unimmunized, primary series (three doses) of Tetanus/Diphtheria would be required. Tetanus/Diphtheria (Td) booster every 10 years.

Polio

Proof of immunization history is required. If unimmunized or unknown polio immunization history the primary series (three doses) of Polio would be required.

Pertussis

One single dose of Tetanus, Diphtheria, and Acellular Pertussis (Tdap) vaccine regardless of age if not previously received in adulthood (at or after 18 years of age).



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Varicella (Chickenpox)

Two doses of varicella vaccine is required if no evidence of immunity. Evidence of immunity for varicella only would be as follows:

- laboratory evidence - serology (blood work) or,
- medically documented diagnosis or verification of history of varicella by a physician

Measles

Two doses if no evidence of immunity regardless of age. Evidence of immunity is laboratory evidence – serology (blood work).

Mumps

Two doses if no evidence of immunity. Evidence of immunity is laboratory evidence – serology (blood work).

Rubella

One single dose if no evidence of immunity. Evidence of immunity is laboratory evidence – serology (blood work).

Hepatitis B

Two to four age appropriate doses and serologic testing within one to six months after completing the series.

Note: If the individual is tested more than six months after the initial series and the anti-HBs titre is less than 10 IU/L this may indicate a primary vaccine failure or waning antibody. Evidence shows that in immunocompetent people immunity is long lasting although antibody may be non-detectable. The worker should receive one booster dose and be retested one month later to document an anamnestic response; if the anti-HBs titre is still less than 10 IU/L then a second vaccine series is indicated followed by anti-HBs serology one to six months after completing the second series.

Other immunization requirements: MLPS also requires the applicant to provide proof of immunization against:

Tuberculosis (TB)

Proof of current two-step tuberculosis testing and results or current one-step tuberculosis testing and results with proof of a two-step tuberculosis testing and results done in the past. (current within 6 months of the posting date)

Influenza

Current influenza immunization

Note: Immunization cards or records from the Public Health Unit are great for demonstrating immunization history. If you were born after 1975 there should be records on file for you at the local health unit to where you grew up. They make it easier for physicians to complete and sign off on the declaration. Serological testing is also preferred to show proof of immunity for those diseases that can be tested for.

If you grew up in the London-Middlesex area you can send an email to shots@mlhu.on.ca to request a search of your immunization records.

For those that did not receive their immunizations in London you can find your local health units here: <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>



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FORM 3

AMBULANCE SERVICE COMMUNICABLE DISEASE STANDARDS (VERSION 2.1)

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

Immunization	Ambulance Service Communicable Disease Standards (V 2.1)	
Tetanus	3 dose series if unimmunized. Tetanus Diphtheria (Td) booster doses is every 10 years	
Most Current Booster		
Primary Series Completed		
Dose 1		
Dose 2		
Dose 3		
Diphtheria	3 dose series if unimmunized. Tetanus Diphtheria (Td) booster doses is every 10 years	
Most Current Booster		
Primary Series Completed		
Dose 1		
Dose 2		
Dose 3		
Pertussis	New Vaccine Added to Schedule 1 single dose of Tetanus Diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood (after 18 years of age)	
Adult Dose after 18 yrs of age		



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Polio	It is divided into a separate category from Tetanus and Diphtheria. 3 dose series if previously unimmunized or unknown polio immunization history.	
3 doses (primary series) with		
1 one of those doses after 4 yrs		
of age as per Public Health Unit		
Previous polio immunization(s):		
Dose 1		
Dose 2		
Dose 3		
Varicella (Chickenpox)	2 dose series if no evidence of immunity. Persons with self-provided history of Varicella/Chickenpox should no longer be assumed to be immune.	
Serology Titre		Results: Immune Indeterminate or not immune
Dose 1		
Dose 2		
Measles	It is divided into a separate category from Mumps and Rubella. 2 dose series if no evidence of immunity regardless of age. Documentation is required to indicate 2 doses of live measles virus vaccine given after their first birthday, or laboratory evidence of immunity prior to or upon employment, regardless of year or birth.	
Serology Titre		Results: Immune Indeterminate or not immune
Dose 1		
Dose 2		
Mumps	It is divided into a separate category from Measles and Rubella. 2 dose series if no evidence of immunity.	
Serology Titre		Results: Immune Indeterminate or not immune
Dose 1		
Dose 2		
Rubella	It is divided into a separate category from Measles and Mumps. 1 single dose if no evidence of immunity.	
Serology Titre		Results: Immune Indeterminate or not immune
Dose 1		



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Hepatitis B	2 - 4 age appropriate doses and serologic testing within 1 to 6 months after completing the series.	
	Depending on the age when the Hepatitis B (HB) series began, some people may receive a 2 dose schedule (for adolescents 11 to 15 years of age), while others may have received a 4 dose schedule if they are on an accelerated immunization schedule. The general schedule for adults is a 3 dose series. Regardless of the series, serologic testing needs to be completed within 1 - 6 months after completing the series to confirm immunity.	
	For paramedics who have documentation of receiving a complete HB vaccine series but does not have documentation of anti-HBs serology following immunization further information can be found in the Canadian Immunization Guide, Part 4 Active Vaccines, Hepatitis B Vaccine under the Workers Section http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hepb-eng.php	
Serology Titre		Results: Immune Indeterminate or not immune
Dose 1		
Dose 2		
Dose 3 (if applicable)		
Booster		
Serology Titre		Results: Immune Indeterminate or not immune
Dose 1 (if 2nd series required)		
Dose 2 (if 2nd series required)		
Dose 3 (if 2nd series required)		

List exceptions to immunization or provide any additional comments:

This is to certify, _____ has been immunized against the listed
(Patient Name – print clearly)

diseases in Table 1 – Part A of the Ministry of Health and Long Term Care – Ambulance Service Communicable Disease Standards, Version 2.1, or, such immunization is medically contraindicated, or, there is laboratory evidence of immunity, or there is medically documented diagnosis or verification of history.

Physician Information and Signature: (Must be a Physician/ Nurse Practitioner's Signature)

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

Sign off must include stamp from physician/ nurse practitioner's office:

PLEASE STAMP HERE



Application Package Documentation FINAL Check List

Please review the checklist carefully and check each item as you prepare your submission. This checklist will assist you in ensuring all documentation is included and that your package is complete.

Consider all items as mandatory requirements unless they state optional next to them.

Section One Requirements - Employment	Yes	No
Completed Employment Application (all 3 pages)		
Cover Letter and Resume		
Copy of Birth Certificate (Requested upon offer of employment)		
Copy of Ministry of Health Ambulance Service ID Card (if applicable)		
Disclosure and Release		

Section Two Requirements - Education and Certifications	Yes	No
Copy of Valid Ontario Driver's Licence Class 'F' or equivalent to Class 'F'		
Ministry of Transportation of Ontario Driver's Abstract (valid within 30 days prior to the posting date)		
Criminal Record & Vulnerable Sector Search (valid within 30 days prior to the posting date)		
Paramedic Program College Diploma or Expectation to Graduate Letter		
A-EMCA Certificate or documentation showing it is pending or Grandfather exemption letter		
Advanced Care Paramedic College Diploma or Expectation to Graduate Letter (if applicable)		
Advanced Care Paramedic Certificate or documentation showing it is pending (if applicable)		
Defibrillation/Symptom Relief Certification Status (if applicable)		
Valid CPR Certification (Healthcare CPR Level HCP) (should not expire prior to 2 months after the closing date of the posting)		
Valid Standard First Aid Certification (only required if you aren't A-EMCA certified) (should not expire prior to 2 months after the closing date of the posting)		
Core requirements - Ambulance Call Report (2002) and Canadian Triage and Acuity Scale (2001) (Letter from college listing areas covered during program)		



Application Package Documentation FINAL Check List

Please review the checklist carefully and check each item as you prepare your submission. This checklist will assist you in ensuring all documentation is included and that your package is complete.

Consider all items as mandatory requirements unless they state optional next to them.

Section Three Requirements - Immunizations	Yes	No
Medical Assessment and Physical Abilities Verification Form FORM 1		
Communicable Disease Status Form FORM 2		
Physician Verification and Declaration of Immunity and Communicable Disease Status as to Ambulance Service Communicable Disease Standards Version 2.1 Table 1-Part A FORM 3		
Supporting immunization documentation required with the Physician Verification and Declaration of Immunity and Communicable Disease Status (FORM 3):		
Tetanus/Diphtheria (proof of history of shots plus current booster) (immunization cards/Health Unit print out/doctor's note)		
Pertussis (proof of one documented dose in adulthood after age 18) (immunization cards/Health Unit print out/doctor's Note)		
Polio (proof of history of shots) (immunization cards/Health Unit print out/doctor's note)		
Varicella (proof of two documented shots or titre showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if two shots)		
Measles (proof of two documented shots or titre showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if two shots)		
Mumps (proof of two documented shots or titre showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if two shots)		
Rubella (proof of one documented shot or titre showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if one shot)		
Hepatitis B (proof of documented shots and titre showing immunity) (blood work results and immunization card/Health Unit print out/doctor's note)		
Influenza Documentation (current documentation of shot)		
Tuberculosis Screening (current two-step TB testing within 6 months and results or current one-step testing within 6 months and results with proof of two-step done in the past)		
Proof of Covid 2nd Vaccination Receipt (Ministry of Health Form and date shot received)		