



The British Columbia Ambulance Service would like to thank all candidates in advance for their interest.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of applying for employment under the authority of the FOIPPA.

Upon Application:

- a) Submit a copy of all valid licences, including Student Licences, issued by the Emergency Medical Assistants Licensing Board.
- b) Submit a copy of high school graduation diploma, GED, or equivalent.
- c) Submit a copy of your current Drivers License.
- d) **If requested during the recruitment process**, I consent to supplying BCAS with a Criminal Record Search conducted through the police agency in the community where I live and will participate in a pre-employment medical physical.

I certify that the answers given by me in this application and during the recruitment process are true and complete. I agree to allow BCAS to seek references from all former and/or current employers and to confirm all other information set out in this application and supplied during the recruitment process. I understand that, if such answers are at any time found to be false, such answers may be cause for refusal to hire

Signature of Applicant

Date

APPLICATION FOR EMPLOYMENT AS:

- EMR (Emergency Medical Responder)
 PCP (Primary Care Responder)
 ACP (Advanced Care Provider)
 CT (Call Taker)
 EMD (Emergency Medical Dispatcher)
 Other (specify) _____

TOP THREE PREFERRED WORK LOCATIONS

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PERSONAL INFORMATION

Last Name		First Name		Middle Initial	Competition # (if applicable)
Full Mailing Address			City	Postal Code	
Home Phone	Contact Number	Email Address			
Preferred Method of Contact <input type="checkbox"/> Residential mailing address <input type="checkbox"/> Telephone <input type="checkbox"/> Email			Are you legally entitled to work in Canada? (Documents may be required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously been employed by BCAS? (DD/MM/YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No				Location	
Do you have a valid BC Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Class of License do you hold? <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 7			
If you hold a Class 7 license, list the date eligible to apply for Class 4 (DD/MM/YYYY)			List date of Defensive Driving course (If applicable) (DD/MM/YYYY)		
Available for on-call work (check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekend Days <input type="checkbox"/> Weekend Nights				Estimated number of days/nights available per month	

PARAMEDIC TRAINING AND CERTIFICATION

List all paramedic training including training you are currently enrolled in. Attach additional pages if necessary.

Name of Institution or Organization	Location	Grade/Certificate/ Diploma/Degree Obtained	Date of Attendance	EMALB Licence Number

WORK HISTORY *(continued)* List all work history. Attach additional pages if necessary.

Employer	Employed From: (DD/MM/YYYY)	To: (DD/MM/YYYY)
Position	Full-Time <input type="checkbox"/> Yes	Part-Time, Average Hours Per Week <input type="checkbox"/> Yes
Address (City, Province, Postal Code)		
Name and Title of Supervisor		Supervisor's Telephone No.
Duties		

Employer	Employed From: (DD/MM/YYYY)	To: (DD/MM/YYYY)
Position	Full-Time <input type="checkbox"/> Yes	Part-Time, Average Hours Per Week <input type="checkbox"/> Yes
Address (City, Province, Postal Code)		
Name and Title of Supervisor		Supervisor's Telephone No.
Duties		

VOLUNTEER EXPERIENCE / ADDITIONAL INFORMATION

Briefly summarize your volunteer experience that relates to the position applied for. You may use this space to enter other information you would like us to consider when reviewing your application. Attach additional pages if required.

ASSOCIATION / PROFESSIONAL AFFILIATIONS

List any memberships or registrations in a professional or career related organization or society.
