



Kelvington Mobile Health Services

Si is est non infractus, operor non restituo is.

100 1st STREET WEST · KELVINGTON, SK · S0A 1W0 · 306-327-4233

Kelvington Mobile Health Services is accepting applications for a full time PCP level of practitioner.

About Kelvington MHS:

Kelvington MHS is a privately contracted ambulance service providing Primary and Advanced Care Paramedic level services to Kelvington and surrounding communities since 1983. Call volume exceeds 350 per year and involves such challenging calls as trauma, medical, and interfacility critical transport for local and surrounding facilities. The fleet consists of three ambulances equipped for ACP assessments and procedures. Kelvington MHS also offers successful PCP candidates the opportunity to experience the rewarding challenges associated with the Mobile Health Services philosophy. Post surgical wound care, diabetes education, wellness and medication compliance evaluations are all part of the MHS system.

About the position:

Retirement within the organisation has resulted in the vacancy within the company at the PCP level of training. Compensation for employment with Kelvington MHS is comparable to and exceeds that of the HSAS collective agreement currently in effect. The paramedic will be on call 24 hours per day and work in a shift rotation based on the position applied for.

About the applicant:

Successful applicants will exhibit a community oriented personality that identifies a desire to work as a member of the health care team. They will also exude social responsibility and a positive personality that includes a desire for personal advancement. Mandatory requirements for employment include:

- Graduation from a CMA accredited school or equivalent
- Qualified for registration with the regulatory agency as a practitioner within Saskatchewan
- Current CPR BLS-C certification
- Current ITLS certification
- Current ACLS certification (ACP level practitioner only)
- Current PALS/PEPP Certification (ACP level practitioner only)
- Current AED certification
- Current Saskatchewan Class 4 Driver License
- Membership with the Saskatchewan College of Paramedics
- Certification and experience in additional programs such as NRPS, CAMATA, Scuba, Snowmobiling, and others are considered an asset but not required.

Complete the attached application form and forward it to:

Operations Supervisor

Kelvington MHS

Box 983

Kelvington, Sask

S0A 1W0

Or: e-mail info@kelvingtonmhs.ca



Kelvington Mobile Health Services

Si is est non infractus, operor non restituo is.

100 1st STREET WEST · KELVINGTON, SK · S0A 1W0 · 306-327-4233

Application for Employment

Please complete all portions of the application clearly. Please print in ink only.

Where a YES/NO choice is offered please clearly check your response.

You may decline to answer any questions that would reveal your race, creed, religion, color, gender, marital status, age, disability, nationality, and ancestry, place of origin, sexual orientation, family status or receipt of public assistance.

NAME	Firat	Middle Initial	Last		
ADDRESS	Street/Box		Town	Prov	Postal Code
PHONE	<input type="checkbox"/> I may be contacted here		CELL	<input type="checkbox"/> I may be contacted here	
FAX	<input type="checkbox"/> I may be contacted here		WORK	<input type="checkbox"/> I may be contacted here	
What position are you applying for?		EMT/PCP <input type="checkbox"/>	EMT-A/ICP <input type="checkbox"/>	EMT-P/ACP <input type="checkbox"/>	
Do you hold a valid Saskatchewan Class 4 Driver License?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to work shiftwork, on call, and weekends?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you physically capable of lifting up to 100 pounds to your waist level?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a disability which may prevent you from performing duties?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally entitled to work in Canada?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Where?		
Are you currently an EMS professional? Yes <input type="checkbox"/> No <input type="checkbox"/>			What Level?		
Are you registered with the SCoP? Yes <input type="checkbox"/> No <input type="checkbox"/>			Registry Number?		
Do you volunteer with any organisations? Yes <input type="checkbox"/> No <input type="checkbox"/>			Which Ones?		
Are you physically active? Yes <input type="checkbox"/> No <input type="checkbox"/>			Give Examples.		
Do you have any hobbies or activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please Describe		
Have you received any commendations? Yes <input type="checkbox"/> No <input type="checkbox"/>			Which Ones?		



Kelvington Mobile Health Services

Si is est non infractus, operor non restituo is.

100 1st STREET WEST · KELVINGTON, SK · S0A 1W0 · 306-327-4233

In 50 words or less please describe yourself:

Please attach the following information and submit it **all together** with this application:

- Current CPR certificate
- ITLS certification
- AED certification
- ACLS certification (if applicable)
- PALS/PEPP (if applicable)
- Proof of emergency services certification held ie: EMT, PCP, etc.
- Resume
- Minimum of 3 references which must have complete mailing address and telephone number
- Drivers abstract
- Certificates of achievement or other professional development credentials
- RCMP Criminal records check

All applications are held on file for one year from date of receipt. After that date they are destroyed.



Kelvington Mobile Health Services

Si is est non infractus, operor non restituo is.

100 1st STREET WEST · KELVINGTON, SK · S0A 1W0 · 306-327-4233

I, _____, declare that all the information, statements and attachments are true, factual and complete. I also declare that I have not knowingly supplied false or misleading information in my attempt to gain employment with Kelvington Mobile Health Services. If false or misleading information is discovered I understand that this is grounds for disqualification from the hiring process and may be grounds for termination of my employment. By my signature, I give permission for Kelvington Mobile Health Services to contact any and all references, verify any certifications presented, and review my application with any other persons named or shown in this application for employment.

Signature

Name (please print)

Date

Please mail or deliver completed applications forms to:

Operations Manager
Kelvington MHS
Box 983
Kelvington, SK
S0A1W0