



Soo Line Ambulance Association

P.O. Box 494

Milestone, Sask. S0G-3L0

Email – solineambulance@gmail.com

Job Posting: Primary Care Paramedics (PCP) Positions

Closing Date: When all positions filled

Start Date: Immediately

Description

Soo Line Ambulance Association is currently accepting applications for Full-time and casual Primary Care Paramedics (PCP). Soo Line Ambulance Association is a non-profit organization that is operated by a Board of Directors and provides paramedic service for the Saskatchewan Health Authority (SHA) to Milestone and surrounding area. Milestone is situated 30 minutes south of Regina on Hwy 39 and 1 hour west of Weyburn. The organization employs between 5 to 8 team members.

Applicants

Applicants must hold a valid Saskatchewan College of Paramedics (SCOP) and a valid class 4 or greater Saskatchewan Driver's License with a strong understanding of the following:

- Saskatchewan College of Paramedics protocols with the understanding of the full scope of practice applicable to the level of training;
- Saskatchewan Ambulance Act and Regulations;
- Traffic Safety Act;
- Paramedic Act; and
- Health Information Protection Act.

Applicants must also be able to meet the following requirements of the organization:

- Ability to work within the full scope of practice;
- Excellent verbal and written communication;
- Able to adapt to an unpredictable workload;
- Able to collaborate and function as member of a health care team in all areas of the prehospital and hospital settings;
- Demonstrate professionalism, honesty and integrity;
- Adhere to the vision, values, policies, procedures and direction of Soo Line Ambulance Association and the Saskatchewan Health Authority; and
- Maintain a good attendance record and being fit for duty is strongly recommended.



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As a part of Soo Line's paramedic team, you will be accountable to:

- Perform all required shift quality assurance checks, duties and responsibilities for the maintenance, upkeep and performance of ambulance, equipment, facilities, care of patients and that of the organization's image;
- Perform infectious control assurances of ambulance, equipment and facilities to insure a safe and healthy work environment by limiting cross contamination;
- Adhere to the Saskatchewan College of Paramedics license renewal requirements to maintain scope of practice through attending continuing education;
- Promote a healthy and positive team-based workplace;
- Complete all documentation in a professional and timely manner to ensure a high standard of patient care, quality assurance and legal requirements;
- Ensure the safety and protection of all patients and their information;
- Collaborate and communicate professionally with paramedic communication centers in all paramedic responses;
- Comply with Soo Line, Saskatchewan Health Authority and communication centers guidelines/standards for responding to emergency and non-emergency requests; and
- Always ensure that you are fit for duty, maintain good hygiene and professionalism in the public while representing the Soo Line Association.

Soo Line Ambulance Association looks forward to receiving your application and the possibility of developing a relationship with our paramedic team members. Successful candidates will be contacted by phone or email and informed of the next steps of the process. All applications will be kept on file for further openings within the organization for a period of 1 year.

Please complete the attached application and mail or email application and all required documentation as required.



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Application for Employment

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

Please clearly mark your response to the **YES/NO** choice questions.

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	First	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		
Do you hold a valid Saskatchewan Class 4 Driver License?					Yes	No
Are you willing to work shiftwork, on call, and weekends?					Yes	No
Are you physically capable of lifting up to 100 pounds to your waist level?					Yes	No
Do you have a disability which may prevent you from performing duties?					Yes	No
Are you legally entitled to work in Canada?					Yes	No
Are you currently employed? Yes No			If Yes, Where?			
Are you currently an EMS professional? Yes No			What Level?			
Are you registered with the SCoP? Yes No			Registry Number?			
Do you volunteer with any organizations? Yes No			Which Ones?			
Are you physically active? Yes No			Give Examples.			
Do you have any hobbies or activities? Yes No			Please Describe			
Have you received any commendations? Yes No			Which Ones?			



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In 75 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
- Proof of emergency services certification held ie: EMT, PCP, etc.
- Resume
- Minimum of 3 work related references
- Drivers abstract (within last three months)
- RCMP Criminal record check (within last three months)
- Certificates of achievement or other professional development credentials

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



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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 Soo Line Ambulance Association. 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 Soo Line Ambulance Association 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 email completed applications forms and all supporting and requested documents to:

Greg Treleaven

Coordinator

Soo Line Ambulance Association

P.O. Box 494

Milestone, Saskatchewan

S0G-3L0

Or: e-mail solinecoordinator@gmail.com