



# JOB POSTING

Posting #2025- 09



## PRIMARY CARE PARAMEDIC Casual Positions

Nautkamegwanning FN EMS, also known as WFB EMS, is seeking *Primary Care Paramedics* who are willing to work within the community of Nautkamegwanning First Nation and surrounding areas. 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. Must possess the ability to meet the physical demands necessary to perform patient extrication, lifting, carrying, positioning, and treatment (Physical Agility testing preferred). 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. As a casual employee there is the opportunity to work up to full-time hours on occasion.

A complete *Job Description* may be obtained by contacting Sherry Blake. Salary is *currently* \$40.97 p/hr, with an anticipated start date in the month of November. 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.

Sherry Blake, Deputy Director of Paramedic Services 234  
Main Drive Pawitik, ON P0X 1L0  
807-226-2277

[hiring@wfbems.com](mailto:hiring@wfbems.com)

Nautkamegwanning FN EMS wishes to thank all applicants, however, only those selected for an interview will be contacted. Nautkamegwanning FN EMS is 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 and 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.

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: <input type="checkbox"/> casual <input type="checkbox"/> I would consider FT
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## 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

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 _____	<input type="radio"/> Y <input type="radio"/> N
_____	_____	_____ to _____	<input type="radio"/> Y <input type="radio"/> N
_____	_____	_____ to _____	<input type="radio"/> Y <input type="radio"/> N

## Section 4: EMPLOYMENT HISTORY

Have you previously applied for employment with WFBEMS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (mm/yy): _____	Have you previously worked for WFBEMS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (mm/yy): _____
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## 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):

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# Primary Care Paramedic Employment Application



## 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, however, your references will only be contacted if you are selected and successfully complete the written exam. 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 Nautkamegwanning FN EMS permission to obtain or exchange personal information with the persons listed below for the purposes of employment with Nautkamegwanning First Nation Emergency Medical Service.

Signature of Applicant: <b>X</b> _____		Date (yyyy/mm/dd): _____
<b>1</b>	Name and position:	E-mail Address (preferred):
	Relationship (i.e. manager):	No. of Years Known:
		Phone Number:
<b>2</b>	Name and position:	E-mail Address (preferred):
	Relationship (i.e. manager):	No. of Years Known:
		Phone Number:
<b>3</b>	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 Nautkamegwanning FN Emergency Medical Service, 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)
- ☐ 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:

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|--|--|
| <input type="checkbox"/> Measles, Mumps, Rubella   | <input type="checkbox"/> Tetanus (issued within last 10 years) |
| <input type="checkbox"/> Diphtheria, Polio Chicken | <input type="checkbox"/> Influenza                             |
| <input type="checkbox"/> Pox                       | <input type="checkbox"/> Pertussis                             |
| <input type="checkbox"/> Hepatitis B               |  |

- ☐ Proof that you are free of communicable diseases as listed in Table 1, Part B, of the Ambulance Service Communicable Disease Standard
- ☐ Proof that you are fully immunized against COVID-19 (2 doses plus 14 days)

## 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 Nautkamegwanning First Nation Emergency Medical Service.

Signature of Applicant: **X** \_\_\_\_\_

Date: \_\_\_\_\_