



**Paramedic Recruitment Package**

**2019**



Dear Candidate,

We are pleased that you are entering the PCP recruitment process with Muskoka Paramedic Services! The recruitment package provides the documentation required by MPS in addition to the respective deadlines.

	<b>Deadline</b>	<b>Submission</b>
<b>Resume/Cover letter</b> (see job posting)	February 6 <sup>th</sup>	Online - via recruitment intake survey
<b>Recruitment intake survey</b>	February 6 <sup>th</sup>	Online via <a href="https://www.surveymonkey.com/r/2019MPSPCP">https://www.surveymonkey.com/r/2019MPSPCP</a>
<b>Immunizations</b>	Accepted between 0830-1700h on the following dates:  January 31 <sup>st</sup> February 5 <sup>th</sup> February 6 <sup>th</sup> February 11 <sup>th</sup>	<u>In person at:</u>  <b>Muskoka Paramedic Services Headquarters</b> 225 Taylor Rd. Bracebridge, ON
<b>Communicable disease declaration</b>		
<b>Class F driver's license</b>		
<b>College PCP diploma</b>		
<b>AEMCA</b> (or confirmation of registration for February 6 <sup>th</sup> exam)		
<b>Signed contract requirements (below)</b>		
<b>Current valid CPR certificate</b>		
<b>Driver's abstract (valid within 3 months)</b>		
<b>Supplementary course certificate record</b> (see below document; we do not require copies of certificates at this time)		
<b>References</b>	March 23 <sup>rd</sup>	In person
<b>Criminal Reference Check</b> (with vulnerable sector screening)	March 30 <sup>th</sup>	In person

**Please note:**

The following dates are scheduled for recruitment; successful candidates will be assigned any of these dates to attend. You will **only** be notified if you successful in moving forward in the process. Please note that all recruitment sessions will take place at MPS Headquarters and all notifications will be sent by email to the email address indicated in the intake survey.

**Session 1** – February 26<sup>th</sup>, 27<sup>th</sup>, March 2<sup>nd</sup>, March 3<sup>rd</sup>

**Session 2** – March 19<sup>th</sup>, 20<sup>th</sup>, 23<sup>rd</sup>, 25<sup>th</sup>

**Session 3** – Week of March 31<sup>st</sup>



## Summer 2019 PCP Contract Requirements

The contract term is from mid-March, 2019 – September 29<sup>th</sup>, 2019 with the possibility of extension or promotion to permanent part-time.

The Contract Employee must provide a minimum of fourteen (14) days of availability per pay cycle (4 weeks), including two (2) weekends per cycle. A “day” consists of being available for all scheduled day shifts and all scheduled night shifts.

The Contract Employee must provide a minimum of two (2) holiday weekends (as indicated below) of availability inclusive of day and night shifts for the duration of the summer. The long weekend availability must be submitted upon offer of employment.

May 18<sup>th</sup> – May 20<sup>th</sup>

June 30<sup>th</sup> – July 1<sup>st</sup>

August 3<sup>rd</sup> – August 5<sup>th</sup>

August 31<sup>st</sup> – September 2<sup>nd</sup>

The Contract Employee will be scheduled as per the Collective Agreement 13.09

- There are no regularly scheduled hours of work but Contract Employees may be pre-scheduled shifts or called in for shifts
- Paid consistently with regular employees
- May refuse up to and including two (2) shifts per month for which they have provided availability

I understand and agree to comply with the above noted terms should I be offered a part time contract position with Muskoka Paramedic Services.

Name: \_\_\_\_\_

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





## RECORD OF IMMUNIZATION

Paramedic Name:

Disease	Schedule/Requirements	Date of Vaccination or date of immunity confirmed by lab report	Physician Signature/Initials
Tetanus/ Diphtheria	Primary series of (3 doses) if unimmunized. Tetanus/ Diphtheria (TD) booster every 10 years	Date:	
		Date:	
		Date:	
		Td Booster Date:	
Polio	1. If paramedic is unimmunized or has an unknown polio immunization history, they require a Primary Series (3 doses) 2. If paramedic is immunized, record dates or attach serology reports indicating immunization	Date:	
		Date:	
		Date:	
		OR <input type="checkbox"/> check if serology report is attached	
Pertussis	1 single dose of Tdap vaccine regardless of age if not previously received in adulthood	Date:	
Varicella (chickenpox)	2 doses if no evidence of immunity	Date:	
		Date:	
		OR <input type="checkbox"/> check if serology report is attached	
Measles	2 doses if no evidence of immunity	Date:	
		Date:	
		OR <input type="checkbox"/> check if serology report is attached	
Mumps	2 doses if no evidence of immunity	Date:	
		Date:	
		OR <input type="checkbox"/> check if serology report is attached	
Rubella	1 single dose if no evidence of immunity	Date:	
		OR <input type="checkbox"/> check if serology report is attached	
Hepatitis B	2-4 age appropriate doses and serologic testing within 1-6 months after completing series	Date:	
		Date:	
		Date:	
		4 <sup>th</sup> Date: _____ OR <input type="checkbox"/> check if serology report is attached	

**Note:** The physician or Nurse Practitioner must sign each row in addition to completing their full name, address of clinic and signature at the bottom of the form. All relevant serology reports must be attached to this document.



**Influenza vaccination** (please select one of the following options):

- I received the influenza vaccination this year (please attach a copy of the vaccination record)
  
- I declined receiving the influenza vaccination this year

**Total number of pages in this immunization documentation package (including this immunization record and serology reports):** \_\_\_\_\_

I hereby certify the above information to be factual to the best of my knowledge.

<b>Physician Name:</b>	<b>Address/Stamp</b>	<b>Signature and Date:</b>

**Note:** The physician or Nurse Practitioner must sign each row in addition to completing their full name, address of clinic and signature at the bottom of the form. All relevant serology reports must be attached to this document.



## Communicable Disease Declaration

I, \_\_\_\_\_ (name – printed) certify that, to the best of my knowledge, am free of all the diseases listed in the table below.

**Table 1 – Part B**

### Reportable Communicable Diseases under O. Reg. 559/91: SPECIFICATION OF REPORTABLE DISEASES

<ul style="list-style-type: none"> <li>Acquired Immunodeficiency Syndrome (AIDS)</li> <li>Acute Flaccid Paralysis</li> <li>Amebiasis</li> <li>Anthrax</li> <li>Botulism</li> <li>Brucellosis</li> <li>Campylobacter enteritis</li> <li>Chancroid</li> <li>Chickenpox (Varicella)</li> <li>Chlamydia trachomatis infections</li> <li>Cholera</li> <li><i>Clostridium difficile</i> associated disease (CDAD) outbreaks in public hospitals</li> <li>Creutzfeldt-Jakob Disease, all types</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li>Diphtheria</li> <li>Encephalitis, including,               <ul style="list-style-type: none"> <li>i. Primary, viral</li> <li>ii. Post-infectious</li> <li>iii. Vaccine-related</li> <li>iv. Subacute sclerosing panencephalitis</li> <li>v. Unspecified</li> </ul> </li> <li>Food poisoning, all causes</li> <li>Gastroenteritis, institutional outbreaks</li> <li>Giardiasis, except asymptomatic cases</li> <li>Gonorrhoea</li> <li>Group A Streptococcal disease, invasive</li> <li>Group B Streptococcal disease, neonatal</li> <li>Haemophilus influenzae b disease, invasive</li> <li>Hantavirus pulmonary syndrome</li> <li>Hemorrhagic fevers, including,               <ul style="list-style-type: none"> <li>i. Ebola virus disease</li> <li>ii. Marburg virus disease</li> <li>iii. Other viral causes</li> </ul> </li> <li>Hepatitis, viral,               <ul style="list-style-type: none"> <li>i. Hepatitis A</li> <li>ii. Hepatitis B</li> <li>iii. Hepatitis C</li> </ul> </li> <li>Influenza</li> <li>Lassa Fever</li> <li>Legionellosis</li> </ul>	<ul style="list-style-type: none"> <li>Leprosy</li> <li>Listeriosis</li> <li>Lyme Disease</li> <li>Malaria</li> <li>Measles</li> <li>Meningitis, acute,               <ul style="list-style-type: none"> <li>i. bacterial</li> <li>ii. viral</li> <li>iii. other</li> </ul> </li> <li>Meningococcal disease, invasive</li> <li>Mumps</li> <li>Ophthalmia neonatorum</li> <li>Paralytic Shellfish Poisoning</li> <li>Paratyphoid Fever</li> <li>Pertussis (Whooping Cough)</li> <li>Plague</li> <li>Pneumococcal disease, invasive</li> <li>Poliomyelitis, acute</li> <li>Psittacosis/Ornithosis</li> <li>Q Fever</li> <li>Rabies</li> <li>Respiratory infection outbreaks in institutions</li> <li>Rubella</li> <li>Rubella, congenital syndrome</li> <li>Salmonellosis</li> <li>Severe Acute Respiratory Syndrome (SARS)</li> <li>Shigellosis</li> <li>Smallpox</li> <li>Syphilis</li> <li>Tetanus</li> <li>Trichinosis</li> <li>Tuberculosis</li> <li>Tularemia</li> <li>Typhoid Fever</li> <li>Verotoxin-producing E. coli infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)</li> <li>West Nile Virus Illness</li> <li>Yellow Fever</li> <li>Yersiniosis</li> </ul>		
<b>Signature:</b>		<b>Date:</b>	