



**CANADA
SPORT MEDICS**

**APPLICATION FOR EMPLOYMENT
MOTOCROSS MEDIC
2023 MOTOCROSS SEASON**

APPLICANT INFORMATION			
NAME (LAST, FIRST)		ADDRESS	
EMAIL	UNIT #	CITY/TOWN	
AVAILABLE START DATE (DD/MM/YY) / /	PRIMARY PHONE # () -	POSTAL CODE	PROVINCE
DO YOU HAVE A VALID DRIVER'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL PHONE # () -	D.O.B. (DD/MM/YY) / /	S.I.N.
ABLE TO WORK CONSISTENT WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPECTED STARTING WAGE (\$/HR)	MAXIMUM DISTANCE WILLING TO TRAVEL TO AN EVENT? _____ KM'S	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT BEEN PARDONED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT		
CURRENT/MOST RECENT EMPLOYER	SUPERVISOR NAME	PHONE # () -
JOB TITLE	START DATE (DD/MM/YY) / /	END DATE (DD/MM/YY) / /

PARAMEDIC EDUCATION & CERTIFICATION	
COLLEGE	<input type="checkbox"/> PARAMEDIC PROGRAM STUDENT <input type="checkbox"/> GRADUATE - AEMCA PENDING
PROGRAM CO-ORDINATOR	<input type="checkbox"/> AEMCA CERTIFIED CERTIFICATE NO. _____
PRECEPTOR SERVICE	CPR & FIRST AID EXPIRATION DATE (DD/MM/YY)
PRECEPTOR	ADDITIONAL CERTIFICATIONS

REFERENCES		
NAME	PHONE # () -	
COMPANY	POSITION	RELATIONSHIP
NAME	PHONE # () -	
COMPANY	POSITION	RELATIONSHIP

DECLARATION	
I HEREBY CERTIFY THAT THE STATEMENTS MADE BY ME AND INFORMATION PROVIDED BY ME IN THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. INFORMATION IS COLLECTED SOLELY FOR THE PURPOSE OF JOB SELECTION UNDER THE PROVISIONS OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. IF IT IS DETERMINED THAT ANY CONTENTS OF THE APPLICATION ARE FALSE OR MISLEADING OR ANY DELIBERATE OMISSIONS HAVE BEEN MADE DURING THE RECRUITMENT PROCESS, EMPLOYMENT MAY BE TERMINATED IMMEDIATELY BY CANADA SPORT MEDICS.	
SIGNATURE _____	DATE _____