# CANADA SPORT MEDICS

# APPLICATION FOR EMPLOYMENT
## MOTOCROSS MEDIC
### 2018 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? ☐ YES   ☐ NO | ADDITIONAL PHONE #  (   )   - | D.O.B. (DD/MM/YY)   /   / | S.I.N. |

| | | | |
|---|---|---|---|
| ABLE TO WORK CONSISTENT WEEKENDS? ☐ YES   ☐ 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? ☐ YES   ☐ NO |
| | | | ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? ☐ YES   ☐ 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 | ☐ PARAMEDIC PROGRAM STUDENT        ☐ GRADUATE - AEMCA PENDING |
| PROGRAM CO-ORDINATOR | ☐ 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 PUPOSE 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 DURNG THE RECRUITMENT PROCESS, EMPLOYMENT MAY BE TERMINATED IMMEDIATELY BY CANADA SPORT MEDICS.

_____        _____
SIGNATURE                                                    DATE