



Thank you for your interest in volunteer employment with the City of Côte Saint-Luc. Please complete this application in full to help us learn of your experiences, abilities and interests. Please answer each question. If the question does not apply, indicate N/A. Incomplete applications will not be considered. If the space available is insufficient, please attach additional sheets as required. Applicants are accepted without regard to race, colour, religion, national origin, gender, sexual orientation, age or similar factors that are not job-related. All information submitted is kept CONFIDENTIAL. Remember to sign areas marked with a star.

Application Date	
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PERSONAL INFORMATION					
Family Name		Given name(s)			
Permanent address					
City		Province		Postal code	
Date of birth		SIN			
Home phone		Work phone			
Cellular		Other			
E-mail					

DRIVER'S RECORD					
Do you have a driver's license ?		Issuing province/state		License #	
Has it ever been revoked ?		Classes		Conditions	
If it has been revoked, why ?					

EMPLOYMENT			
Are you legally allowed to work in Canada ?			
Have you ever applied to or worked for the City of Cote Saint-Luc ?			
If yes, what position ?		What dates ?	
If yes, what position ?		What dates ?	

FIRST AID / MEDICAL QUALIFICATIONS AND EXPERIENCE						
Do you have a valid certification as:	<i>EMT</i>		Year issued		Agency	
	<i>Paramedic</i>		Year issued		Agency	
	<i>Nurse</i>		Year issued		Agency	
	<i>First Resp.</i>		Year issued		Agency	
	<i>First Aid</i>		Year issued		Agency	
	<i>CPR</i>		Year issued		Agency	
	<i>AED</i>		Year issued		Agency	

Please describe any medical field experience you have, including agency / organisation, dates and positions held

Please describe any non-medical special skills, training, honours, volunteerism and/or organizations, including dates

LANGUAGES

English Spoken Written Other: _____ Spoken Written
 French Spoken Written _____ Spoken Written

EDUCATION

	Last level completed	Year completed	Name of school	Diploma / degree
High school				
College / CEGEP				
Undergraduate				
Graduate				

CRIMINAL RECORD

Have you ever plead guilty to, plead no contest to or been convicted of a felony or are any pending ? _____
 If yes, please describe, including dates: _____
 Have you ever been a defendant in a civil action (other than divorce proceedings) ? _____
 If yes, please describe, including dates: _____

REFERENCES**PERSONAL REFERENCES (please provide two [2])**

Name of reference		Relation to you	
Address		Phone number	
Name of reference		Relation to you	
Address		Phone number	

PROFESSIONAL / WORK REFERENCES (please provide three [3])

Name of reference		Relation to you	
Address		Phone number	
Name of reference		Relation to you	
Address		Phone number	
Name of reference		Relation to you	
Address		Phone number	

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking volunteer employment with the City of Côte Saint-Luc will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, former and current employers and personal references. I hereby authorize the City of Côte Saint-Luc to obtain any information in files pertaining to my employment records including, but not limited to achievement, attendance, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is only for the official use only of the City of Côte Saint-Luc. Consent is further granted for the City of Côte Saint-Luc to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full name: _____

Signature of applicant:  _____

Date: _____

ANNEX A

MEDICAL ATTESTATION

Note: This medical attestation must be completed by a licensed physician. This form must be completed only after submitting your application, having had your interview and having been accepted to the course. This completed form must be submitted within four (4) weeks of your acceptance to the class.

This is to attest to the fact that _____ (applicant's name), is fit and able to participate fully as an Emergency Medical Technician / Responder.

These duties include, but are not limited to:

- lifting, moving and carrying adult patients, alone or assisted
- walking and climbing numerous flights of stairs with equipment weighing no less than 50 pounds
- evacuating high-rise apartments
- driving an emergency vehicle
- working outdoors in a variety of weather conditions
- working in conditions that are stressful both physically and emotionally, including dealing with issues related to illness and death

Name of physician

Physician's license #

Physician's signature

Physician's phone #

Allergies:

Medical conditions

(that may affect the applicant's ability to perform the job as described above, including muskulo-skeletal, dexterity and vision problems or handicaps)

I, _____ (applicant's name), give a representative of the City of Côte Saint-Luc permission to speak to my Doctor should there be any medical questions arising from this application.

Signature of applicant:


