



Section A Please complete Section A, B, and C

Form section A containing fields for Service Number, ID Number, Surname, Given Name, Initial(s), Driver license Number, Class(es), Date Hired Service, Date Hired Position, Gender, and application type (New Applicant, New Employee, Renewal).

Section B - Check (✓) appropriate box

Please Enclose Signed and Dated Criminal Record Release Consent Form or Results of Locally Conducted Search.

- List of job roles and employment types with checkboxes: Operator/Manager, Supervisor, Secretary/Administration, UTM Designate, EMA (PT-Volunteer), Primary Care Paramedic, Advanced Care Paramedic, Critical Care Paramedic, Communication Officer, Pilot, Flight Paramedic, Flight Engineer, Part-Time, Full-Time, Volunteer Full Time, Volunteer Part Time.

Qualification Information (Complete All Applicable Fields):

Table for Qualification Information with columns for qualification name and date (YY YY - MM - DD). Rows include Emergency First Response, Fundamentals of Casualty Care, First Aid, CPR, Tetanus, Polio, Diphtheria, Measles, Mumps, Rubella, Chicken Pox, Symptom Relief, Defibrillation (SA), Hepatitis B, C.A.A.T. (AEC), Equivalency to AEC, EMCA / AEMCA, ACP, CCP, Aeromed, Transportation of Dangerous Goods, and Type of Aircraft Training.

Section C - Declarations

Collection of information on this form is authorised under the AMBULANCE ACT, Ontario Regulation 257/00. For information about collection practices, contact the Manager, Policy and Operational Assessment Unit, 6th floor, 5700 Yonge Street, Toronto, ON M2M 4K5. Telephone (416) 327-7904. Form effective June 01, 2008 (supercedes October 1, 2006).

- Note: 1. P and OA Unit will return incomplete application(s) to the sender. 2. Accompanying photograph(s) to be either coloured digital, taken at a minimum of 3 mega pixels saved on diskette/CD or coloured passport type.

Declaration of Applicant

I, _____ declare that the statements made in this application are true and the photograph accompanying this application is true likeness of me.

Signature Date

Declaration of UTM/DDA Designate / Operator

I, _____ declare that to the best of my knowledge and belief all statements made in this application are true and verify that the accompanying photograph is true likeness of the applicant.

Signature Date