



**COMBAT SUPPORT SQUADRON MEDICAL TECHNICIAN
SELECTION APPLICATION**

Part 1 (to be completed by applicant)

I, _____
SN Rank Name Initials MOSID
hereby submit this application for combat support squadron medical technician
(CSSMT) position, with the intent of pursuing the paramedic occupation.

I acknowledge that fulfilling a position as a CSSMT is a serious commitment and that I have no personal or administrative concerns that would prohibit me from making this commitment. I further acknowledge that should I be found suitable during selection, I will be posted to CFB Cold Lake, CFB Bagotville or CFB Goose Bay for a period of not less than three years.

_____ Date	_____ Signature
_____ Work Phone Number	_____ Email (DWAN)
_____ Personal Contact Number	_____ Email (personal)

Part 1A (to be completed by applicant)

Related Military Experience and Skills

In point form, list your military experience (e.g., postings, roles, taskings) and include the location and timeframe. Do not include operational deployments in this section.

In point form, list any military training or courses, including year of completion.

1B. Related Civilian Experience and Skills

In point form, list any relevant civilian work experience to include timeframe, hours worked, and a brief description of responsibilities.

In point form, list any relevant civilian training, education and courses including date of completion and any relevant volunteer work to include timeframe and number of hours.

1C. Operational Deployments

List all operational deployments you have been on. Include op name, location, length of deployment, timeframe, and position held during the deployment. Briefly describe your responsibilities.

1D. Commendations and Awards

List any commendations, and awards you have received (e.g., CDS Commendation, Commander's Commendation, Coins and Mention in Dispatches).

1E. Personal Letter of Interest

Provide a personal letter of interest that should outline why you are interested and how you are suited to this role. The letter must be no longer than the space allotted.

Applicant's Name/Rank

Signature

Date

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Part 2 (to be completed by Unit)

Regular Force ☐	Reserve ☐			
Date of Enrolment				
Terms of service end date:				
MOSID and Rank Qualification				
Unit and UIC				
COS Date				
Security Level & Effective Date				
Level 2 Security Initiated <i>*Unit MUST initiate a security clearance upgrade and annotate this application form accordingly. Failure to obtain a Level II clearance may result in a posting cancellation.</i>	☐ YES ☐ NO Tracking Number: _____			
FORCES Test Level & Date				
Basic Life Support (BLS) Expiry Date				
International Trauma Life Support(ITLS) Level & Expiry Date				
Valid DND 404 Driver's Permit	☐ YES ☐ NO			
Primary Language	☐ EN ☐ FR ☐ OTHER, Specify _____			
Other Languages spoken	☐ YES ☐ NO Language: _____			
Second Official Language Test Date and Results	Reading	Writing	Oral	Date
Paramedic Licensing	Prov	License #	Expiry	

Part 3 (to be completed by Supervisor)

Supervisor Information:

Rank	Name	Initials	Title
Phone Number		Email (DWAN)	

Supervisor to answer the following questions:

1. Describe the applicant's position and main responsibilities.

For the following questions, rate the applicant on a scale of **1-5, 1 is poor and 5 excellent. Provide brief examples for each rating in comparison to their peers, if additional space is required, attach separate form.**

2. How would you rate the applicant's work performance?

3. How would you rate the applicant's written and verbal communication?

4. How would you rate the applicant's decision making ability?

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5. How would you rate the applicant's ability to handle stressful situations and/ or pressure?

6. How would you rate the applicant's ability to problem solve?

7. How would you rate the applicant's ability to get along with subordinates, peers and superiors?

Supervisors's Name/Rank

Signature

Date

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Part 4 (to be completed by Unit Adjt/XO/Admin O)

CSSMT Admin / Conduct Verification Form

SN: _____ Name: _____ Rank: _____

If there is pending or active administrative or disciplinary action (including remedial measures) that precludes the member from formally applying at this time for a position that involves semi isolated posting and intensive coursework, the member should be encouraged to resolve the issue and apply in the future (e.g. C&P, court restrictions that impact travel). If the disciplinary or administrative action is expected to be closed prior to the selection process closing date then the application can be forwarded once resolved.

I have reviewed the applicant's personnel file and confirm the following: (check one option).

☐ There is pending or active administrative or disciplinary action (including remedial measures) that does not impact training or posting.

☐ The member has no administrative or disciplinary actions (including remedial measures) pending or active.

Name of Adjt/XO/Admin O

Signature

Date

Part 5 (to be completed by applicant's base MO or MO Team lead)

Medical Officer's comments should: ***1) Comment on applicant's medical skills and knowledge; and 2) Communication skills***

Medical Officer's Name/Rank

Signature

Date

Part 6 (to be completed by applicant's Commanding Officer)

Commanding Officer's comments should: **1) *Provide an overall assessment of the applicant's suitability to work independently in austere environments;*** **2) *Describe the applicant's performance and effectiveness;*** and **3) *Describe leadership experience and/or potential.***

I, DO NOT APPROVE this application for a position within Combat Support Squadron Medical Technician upon successful screening selection and understand the commitment to periods of training conducted between Feb-July 2025.

Commanding Officer's Name/Rank

Signature

Date

Part 7 (to be completed by Unit Adjt)

I have reviewed all the information contained in this screening form and I verify that parts 1 to 3 are both accurate and complete. Further, I verify that the screening form has been completed and all of the following documents are attached:

- ☐ Completed CSSMT Selection Application form (this document);
- ☐ Completed CSSMT Admin/Conduct Sheet verification form;
- ☐ Attached MonitorMass/HRMS MPRR.
- ☐ Additional documentation.