



WINKLER FIRE - RESCUE

Box 688 - 287 4th St. Winkler, MB R6W 4A8

Phone: (204) 325-8151 Fax: (204) 325-5439

FIREFIGHTER APPLICATION

Name: _____

Address: _____

City: _____

Postal Code: _____

Previous Address (if less than 5 years at current address) _____

Date of Birth: _____

Home Phone #: _____ Cell Phone # _____

Work Phone#: _____

Social Insurance #: _____

Drivers License #: _____

D/L class: _____

Family Doctor: _____

Manitoba Health #: _____

Present Employer _____ # years _____

Address _____ Phone # _____

Supervisor _____ Nature of Employment _____

Shift Work Yes/No

Will your employer allow you to attend fire calls during work hours?

Yes/No

Previous Employer _____ # years _____

Address _____ Phone # _____

Supervisor _____ Nature of Employment _____

Highest Level Education Attained _____

Related Emergency Training/Qualifications/Experience _____

Do you hold a valid First Aid Certificate? Yes/No If yes, what level? _____

Are you legally entitled to work in Canada (Cdn. Citizen or landed immigrant?) Yes/No

Serving with Pride



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Do you have any physical limitations or health problems that may affect your performance as a firefighter? Yes/No If yes, describe _____

What languages are you able to fluently; speak _____, read _____, write _____

Please explain briefly:

a) Your reasons for wanting to become a firefighter _____

b) Why you consider yourself suitable for this position _____

Please include three references (do not include family or relatives)

Name _____ Relation _____

Phone # _____

Name _____ Relation _____

Phone # _____

Name _____ Relation _____

Phone # _____

Note: Successful applicants must be willing to undergo a complete medical examination and pass a physical fitness test.

With this application, please include a personal resume and a criminal record check (available at the Winkler Police Service or RCMP)