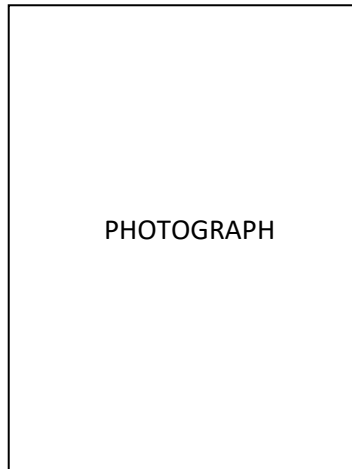


Application WEBER RESCUE instructor TEAM



Last name, first name: _____

Address: _____

Phone/Mobile: _____

Email : _____

Date of birth: _____

Driver's license class: _____

How did you find out about the team of instructors?

Why do you want to join the team of instructors?

Occupation:

Education/Career: _____

Current occupation: _____

Firefighting/rescue services:

In which unit/organization do you work? Full-time and/or voluntary.

Which training courses have you successfully completed?

What leadership responsibilities do you have in the fire department?

Special knowledge:

Special knowledge that is particularly relevant to accident rescue:

Which foreign languages do you speak?

Interesting facts about you:

Hobbies, special skills:

Please send your written application to the following email address:

rescue.training@weber-rescue.com

(please note that the maximum file size for PDF documents is 3MB)

Your WEBER RESCUE training team