



Health

Emergency Medical Services
Unit 7 – 1680 Ellice Avenue, Winnipeg, Manitoba R3H 0Z2
T 204 945-5300 F 204 948-2531
www.manitoba.ca

Verification of Employment

Manitoba Service Licence Holders are required to complete and submit the “Verification of Employment” forms for all new hires including personnel who have relocated or may also be employed by another service licence holder.

I, the undersigned, hereby confirm that

Name: _____
Last Name (Please Print) First Name (Please Print)

EMS Licence # _____

is actively employed with

Legal Name of Province of Manitoba Licence Holder (Please Print)

Contact Name (Please Print)

Mailing Address (Please Print)

City Province Postal Code

Telephone () _____ Extension: _____ Telephone () _____ Extension: _____

Fax: () _____

Signature of Province of Manitoba Licence Service Holder or Designate

Name (Print)

Effective Date of Employment (YYYY/MM/DD)

Note: Employers may be contacted by Personnel Licensing, Manitoba Health Emergency Medical Services Branch to verify the information that you provide.