



Please fill out application and email to [jobs@surefirecpr.com](mailto:jobs@surefirecpr.com) or fax at (888) 700-8305.

### **INDEPENDENT CONTRACTOR APPLICATION**

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_  
Email: \_\_\_\_\_

**Present Address:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

**Permanent Address: (if different)**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_

**Education:**

	School Name	City and State	Graduated? Y/N	Subject Studied
High School				
College				
Trade, Business or Correspondence School				

**Former Employers** (List below last two employers, starting with most recent)

Dates	Name & Phone	Salary	Position	Reason for Leaving

**Provide details of your Emergency Medical Experience:**

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Have you performed CPR before?    Y    N

Do you have reliable transportation?    Y    N



**Professional References:** (List below the names of three persons not related to you, whom you have known at least one year.)

Name	Phone Number	Business	Years Acquainted

**Availability:** (For example, weekdays, weekends, daytime, evening, or specific days each week)

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How did you hear about this position? \_\_\_\_\_ If a friend, who? \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISAPPROVAL. FURTHER, I UNDERSTAND AND AGREE THAT MY STATUS IS THAT OF AN INDEPENDENT CONTRACTOR AND AS SUCH, I AM RESPONSIBLE FOR ALL TAX LIABILITIES PERTAINING TO MONIES RECEIVED IN THE COURSE OF SERVICES I PERFORM.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name