

# Contractor application

## Application information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business name |  |  |  | Business age |  |  |
| Full Name |  |  |  | Date |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: |  |  |  | EIN (optional) |  |  |  | Desired Pay  |  | $ |
|  |  |  |
| Position applied for: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| If no, are you authorized to work in the U.S.? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| Have you ever worked for this company? |  | Yes [ ]  | No [ ]  |  | If yes, when? |  |  |
|  |  |  |
| Have you ever been convicted of a felony? |  | Yes [ ]  | No [ ]  |  | If yes, explain? |  |  |

References

Please list three professional references.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

## Military Service

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Rank at discharge: |  |  |  | Type of discharge: |  |  |
|  |  |  |
| If other than honorable, explain: |  |  |

## Certifications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Red Cross Adult and Pediatric First Aid/CPR/AED |  | Yes [x]  | No [ ]  | American Heart Association Adult and Pediatric First Aid/CPR/AED |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |
| Red Cross Basic Life Support |  | Yes [ ]  | No [ ]  | American Heart Association Basic Life Support |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |
| Red Cross Adult and Pediatric First Aid/CPR/AED – Instructor |  | Yes [ ]  | No [ ]  | American Heart Association Adult and Pediatric First Aid/CPR/AED – Instructor |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |
| Red Cross Basic Life Support – Instructor  |  | Yes [ ]  | No [ ]  | American Heart Association Basic Life Support – Instructor  |  | Yes [ ]  | No [ ]  |
| Red Cross Advanced Life Support – Instructor  |  | Yes [ ]  | No [ ]  | American Heart Association Advanced Cardiac Life Support – Instructor  |  | Yes [ ]  | No [ ]  |
| Red Cross Pediatric Advanced Life Support – Instructor  |  | Yes [ ]  | No [ ]  | American Heart Association Pediatric Advanced Cardiac Life Support – Instructor  |  | Yes [ ]  | No [ ]  |

## Equipment you have

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6 Adult Manikins with feedback |  | Yes [ ]  | No [ ]  | 6 Adult BVM’s with pocket mask |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |
| 6 Infant Manikins with feedback |  | Yes [ ]  | No [ ]  | 6 infant BVM’s with pocket mask |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |
| 6 AED Trainers |  | Yes [ ]  | No [ ]  | 6 18” pool noodles for Severe Bleeding skills |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |
| Red Cross Basic Life Support – Instructor  |  | Yes [ ]  | No [ ]  | Instructor Manuals  |  | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |