



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

SUREFIRE CPR APPLICATION

Date: _____ Social Security #: _____

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
High School			
College			
Other			

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

Dates	Name & Phone	Salary	Position	Reason for Leaving

Provide details of your Office Environment Experience



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

Name	Address	Business	Years Aquainted

In case of emergency notify:

Name	Phone	Relationship

Other Notes: (Optional)

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISAPPROVAL.

Signature

Date

Printed Name