Employment Application

Code Blue CPR Services and Shell CPR LLC

This application is designed to provide a complete picture of your qualifications for employment with Code Blue CPR Services. Complete every section that applies to the position you seek. You may attach a resume, but a resume does not replace this application. Write N/A when a question does not apply.

INSTRUCTIONS AND APPLICANT NOTICE

- Answer accurately and completely. Omissions or false statements may disqualify you or result in termination, subject to applicable law.
- Do not include your Social Security number, date of birth, medical history, disability information, genetic information, or criminal-history information on this application.
- Applicants needing a reasonable accommodation for the application or interview process may contact the company. You do not need to disclose a diagnosis.
- For positions requiring credentials, attach readable copies of current provider and instructor cards. Credentials may be verified with the issuing organization.
- A separate written disclosure and authorization will be provided before any employment consumer report is requested.
- Code Blue CPR Services provides equal employment opportunity in accordance with federal, state, and local law.

POSITION REQUESTED

Position title _____	**Date of application** _____
Preferred work location or market _____	**Earliest available start date** _____
How did you learn about this opening _____	**Referred by** _____
Employment sought ☐ Full time ☐ Part time ☐ PRN ☐ Seasonal ☐ Contract	**Role type** ☐ Instructor ☐ Administrative ☐ Operations ☐ Other

Why are you interested in this position and in working with Code Blue CPR Services?

_____
_____
_____

APPLICANT CONTACT INFORMATION

Full legal name _____	**Preferred name** _____
Street address _____	**Apartment or unit** _____
City State ZIP _____	**County** _____
Primary phone _____	**Alternate phone** _____
Email address _____	**Best contact method** ☐ Call ☐ Text ☐ Email

EMPLOYMENT ELIGIBILITY

Are you legally authorized to work in the United States ☐ Yes ☐ No	**Will you now or later require employer sponsorship** ☐ Yes ☐ No
Are you at least 18 years old ☐ Yes ☐ No ☐ Not applicable to position	**Have you previously worked for or contracted with us** ☐ Yes ☐ No
If previously engaged, list dates and position _____	**Name used at that time** _____

AVAILABILITY

Day	Available From	Available Until	Not Available
Monday			☐
Tuesday			☐
Wednesday			☐
Thursday			☐
Friday			☐
Saturday			☐
Sunday			☐

Maximum hours per week _____	**Minimum hours per week** _____

Can you work evenings ☐ Yes ☐ No	**Can you work weekends** ☐ Yes ☐ No
Can you accept schedule changes with reasonable notice ☐ Yes ☐ No	**Can you arrive before class to set up equipment** ☐ Yes ☐ No ☐ N/A

List recurring scheduling limits, school commitments, other employment, or planned absences that could affect availability. Do not provide medical details.

_____

_____

EDUCATION

School or Institution	City and State	Field of Study	Degree Diploma or Credits	Graduated
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

List job-related coursework, continuing education, honors, or specialized training.

_____

_____

_____

PROFESSIONAL LICENSES AND REGISTRATIONS

☐ EMR	☐ EMT	☐ AEMT
☐ Paramedic	☐ CNA	☐ LPN or LVN
☐ RN	☐ APRN	☐ Physician
☐ Respiratory Therapist	☐ Athletic Trainer	☐ Medical Assistant
☐ Phlebotomist	☐ Firefighter	☐ Law Enforcement
☐ Military Medic or Corpsman	☐ Other healthcare license	☐ No current healthcare license

License or Registration	Issuing State or Agency	Number	Expiration	Status
				☐ Active ☐ Inactive
				☐ Active ☐ Inactive
				☐ Active ☐ Inactive
				☐ Active ☐ Inactive
				☐ Active ☐ Inactive

Have any job-related licenses, certifications, or instructor credentials ever been restricted, suspended, revoked, surrendered, or placed on probation? If yes, explain. Do not disclose sealed or legally protected information.

_____
_____
_____

CURRENT CPR FIRST AID AND EMERGENCY CARE CREDENTIALS

List every current card or credential relevant to the position. Attach a clear copy of the front and back when available. The name and expiration date must be readable.

Course or Credential	Issuing Organization	Provider or Instructor	Card or Certificate Number	Issue Date	Expiration Date

☐ AHA BLS Provider
☐ AHA BLS Instructor
☐ AHA Heartsaver Instructor
☐ AHA ACLS Provider
☐ AHA ACLS Instructor
☐ AHA PALS Provider
☐ AHA PALS Instructor
☐ ARC BLS
☐ ARC First Aid CPR AED
☐ ARC Instructor
☐ Stop the Bleed
☐ Other current CPR or emergency credential

INSTRUCTOR ALIGNMENT AND UPDATE STATUS

AHA Instructor ID if applicable _____	**AHA Training Center or Training Site** _____
AHA discipline or disciplines _____	**AHA alignment status** ☐ Active ☐ Pending ☐ Not applicable
ARC Instructor or Learning Center ID _____	**ARC Licensed Training Provider affiliation** _____
Most recent guideline update completed _____	**Date completed** _____

List any instructor-monitoring dates, faculty credentials, or additional teaching authorizations.

_____
_____

MEDICAL EMERGENCY AND PATIENT CARE EXPERIENCE

This section asks about professional training and work experience, not your personal medical history. Check only duties or settings in which you have actual education, supervised experience, or authorized practice.

☐ 911 EMS or ambulance	☐ Interfacility transport	☐ Emergency department
☐ Intensive or critical care	☐ Medical surgical unit	☐ Urgent care or clinic
☐ Long term care	☐ Home health or private duty	☐ School health
☐ Occupational health	☐ Fire service	☐ Law enforcement
☐ Military medicine	☐ Community health	☐ Training or simulation lab
☐ No direct patient care experience		

Total years of medical or emergency experience _____	**Most recent year of hands on experience** _____
Primary patient populations ☐ Adult ☐ Pediatric ☐ Infant ☐ Geriatric	**Typical role** ☐ Lead ☐ Team member ☐ Student ☐ Observer

☐ Adult CPR	☐ Child CPR	☐ Infant CPR
☐ Two rescuer CPR	☐ AED operation	☐ Bag mask ventilation
☐ Airway management	☐ Oxygen administration	☐ Choking response
☐ Bleeding control	☐ Tourniquet use	☐ Stroke recognition
☐ Cardiac emergency care	☐ Trauma care	☐ Seizure response
☐ Diabetic emergencies	☐ Anaphylaxis response	☐ Epinephrine auto injector
☐ Naloxone administration	☐ Infection control and PPE	☐ Patient assessment
☐ Electronic patient records	☐ Team leadership	☐ Quality assurance review

Describe your most relevant medical, EMS, nursing, public-safety, or patient-care experience. Include setting, role, population, and approximate length of experience.

_____
_____
_____
_____

Describe an emergency or high-pressure situation in which you followed a protocol, communicated clearly, and maintained safety. Do not include patient-identifying information.

_____
_____
_____

TEACHING TRAINING AND FACILITATION EXPERIENCE

Total years teaching or training _____	**Approximate number of classes taught** _____
Largest class size taught _____	**Most recent teaching date** _____
Audiences taught ☐ Healthcare ☐ Workplace ☐ Community ☐ Youth ☐ Public safety	**Delivery formats** ☐ Classroom ☐ Blended ☐ Virtual ☐ Skills testing

☐ AHA BLS	☐ AHA Heartsaver	☐ AHA ACLS
☐ AHA PALS	☐ ARC BLS	☐ ARC First Aid CPR AED
☐ Babysitter training	☐ Stop the Bleed	☐ OSHA or workplace safety

☐ Healthcare orientation ☐ Simulation or skills lab ☐ Other adult education

Describe how you prepare for a class, including roster review, equipment checks, course materials, online prerequisites, and room setup.

_____
_____
_____
_____

How do you keep a class on schedule while ensuring each student receives required practice and skills evaluation?

_____
_____
_____

Describe your experience giving corrective feedback to a learner who is struggling with a required skill.

_____
_____
_____

How do you maintain fidelity to required videos, lesson plans, testing rules, and certification standards?

_____
_____
_____

COURSE ADMINISTRATION AND QUALITY COMPLIANCE

☐ Student registration systems	☐ Enrollware	☐ AHA Atlas
☐ AHA eCards	☐ AHA Training Central	☐ ARC Learning Center
☐ Electronic exams	☐ Roster completion	☐ Course evaluations
☐ Card inventory	☐ Attendance tracking	☐ Document scanning or upload
☐ Incident reporting	☐ Equipment cleaning	☐ Manikin feedback devices
☐ AED trainers	☐ Video and projector setup	☐ Virtual meeting platforms

Describe your experience completing rosters, evaluations, skills sheets, examinations, electronic records, and certification-card processing.

_____
_____
_____
_____

What steps do you take before issuing or requesting a certification card?

_____
_____
_____

Describe a time you identified a documentation or compliance error. What did you do?

_____
_____
_____

How do you protect student records and confidential information?

_____
_____
_____

List training equipment you personally own or can reliably access, if applicable. Include quantities and whether feedback capability is available.

_____
_____
_____

EMPLOYMENT HISTORY 1

Employer name _____	**Telephone** _____
Employer address _____	**City State ZIP** _____
Job title _____	**Supervisor name and title** _____
Start date MM YYYY _____	**End date MM YYYY** _____
Starting pay _____	**Ending pay** _____
Employment type ☐ Full time ☐ Part time ☐ PRN ☐ Contract ☐ Volunteer	**May we contact this employer** ☐ Yes ☐ No If no explain below

Describe your primary duties and level of responsibility.

_____
_____
_____

Describe any healthcare, emergency-response, training, scheduling, records, customer-service, or leadership duties.

_____
_____
_____

Reason for leaving or seeking to leave.

_____
_____

If there was a performance or attendance concern relevant to this job, explain what occurred and what you learned.

_____
_____

EMPLOYMENT HISTORY 2

Employer name _____	**Telephone** _____
Employer address _____	**City State ZIP** _____
Job title _____	**Supervisor name and title** _____
Start date MM YYYY _____	**End date MM YYYY** _____
Starting pay _____	**Ending pay** _____
Employment type ☐ Full time ☐ Part time ☐ PRN ☐ Contract ☐ Volunteer	**May we contact this employer** ☐ Yes ☐ No If no explain below

Describe your primary duties and level of responsibility.

_____
_____
_____

Describe any healthcare, emergency-response, training, scheduling, records, customer-service, or leadership duties.

_____
_____
_____

Reason for leaving or seeking to leave.

_____
_____

If there was a performance or attendance concern relevant to this job, explain what occurred and what you learned.

_____
_____

EMPLOYMENT HISTORY 3

Employer name _____	**Telephone** _____
Employer address _____	**City State ZIP** _____
Job title _____	**Supervisor name and title** _____
Start date MM YYYY _____	**End date MM YYYY** _____
Starting pay _____	**Ending pay** _____
Employment type ☐ Full time ☐ Part time ☐ PRN ☐ Contract ☐ Volunteer	**May we contact this employer** ☐ Yes ☐ No If no explain below

Describe your primary duties and level of responsibility.

_____
_____
_____

Describe any healthcare, emergency-response, training, scheduling, records, customer-service, or leadership duties.

_____
_____
_____

Reason for leaving or seeking to leave.

_____
_____

If there was a performance or attendance concern relevant to this job, explain what occurred and what you learned.

_____
_____

ADDITIONAL EMPLOYMENT HISTORY AND GAPS

Attach another sheet if you have additional employers from the last ten years that are not listed above. Explain periods of three months or longer when you were not employed, in school, serving in the military, volunteering, or providing care. Do not disclose medical or family details.

Dates From To	Employer Activity or Explanation	City and State

MILITARY SERVICE

Have you served in the United States Armed Forces ☐ Yes ☐ No	**Branch** _____
Service dates _____	**Rank or occupational specialty** _____
Job-related training or leadership experience _____	**Currently subject to call or drill obligations** ☐ Yes ☐ No

Describe military education or experience that relates to the position. Do not disclose discharge information that is protected by law.

_____
_____
_____

PROFESSIONAL REFERENCES

Name and Title	Organization	Relationship	Phone	Email	Years Known

DRIVING TRAVEL AND WORK LOCATION REQUIREMENTS

Complete this section only if the job description requires driving, transporting equipment, or travel between work sites. Do not provide a driver license number on this application.

Do you hold a current driver license ☐ Yes ☐ No ☐ Not required	**Issuing state** _____
Can you travel between assigned locations ☐ Yes ☐ No ☐ With advance notice	**Can you complete occasional overnight travel** ☐ Yes ☐ No ☐ Not applicable
Do you have reliable transportation for required assignments ☐ Yes ☐ No ☐ Not applicable	**Can you transport training equipment when required** ☐ Yes ☐ No ☐ Not applicable

List geographic areas you can cover and your maximum routine travel distance or time.

_____
_____

TECHNOLOGY AND ADMINISTRATIVE SKILLS

☐ Microsoft Word	☐ Microsoft Excel	☐ Google Workspace
☐ Email and calendar	☐ Online registration systems	☐ Video conferencing
☐ Learning management systems	☐ Digital signatures	☐ Scanning and PDF files
☐ Payment systems	☐ Customer relationship systems	☐ Social media or marketing tools

Describe your comfort using new software, troubleshooting classroom technology, and communicating with students by phone, text, and email.

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_____
_____

ESSENTIAL JOB FUNCTIONS

Review the job description before answering. Typical instructor functions may include presenting information, demonstrating and observing skills, giving objective feedback, preparing records, maintaining attention to student safety, and setting up or moving training equipment. Administrative roles have different essential functions.

Can you perform the essential functions of the position, with or without reasonable accommodation ☐ Yes ☐ No	**Have you reviewed the job description** ☐ Yes ☐ No ☐ Not yet provided

If you need an accommodation for the hiring process, contact the company. Do not describe a diagnosis or medical condition on this application.

JOB RELATED WRITTEN RESPONSES

A student arrives without completing a required online portion but insists on staying. How would you handle the situation?

_____
_____
_____
_____

A student cannot demonstrate a required skill after repeated coaching. What would you do?

_____
_____
_____
_____

You discover that a roster or card request contains an error after submission. What steps would you take?

_____
_____
_____
_____

A required course video or equipment item is unavailable at class time. How would you respond?

_____
_____
_____
_____

A client asks you to shorten a course below the required curriculum time. How would you respond?

_____
_____
_____
_____

Describe a time you received corrective feedback. What changed afterward?

_____
_____
_____

WORK STANDARDS AND CONFLICTS

Are you able to follow written curriculum and company procedures consistently ☐ Yes ☐ No	**Are you willing to participate in announced or unannounced quality monitoring** ☐ Yes ☐ No ☐ N/A
Are you willing to complete required records within established deadlines ☐ Yes ☐ No	**Are you willing to complete required orientation and guideline updates** ☐ Yes ☐ No
Do you have an outside role or business that may conflict with this position ☐ Yes ☐ No	**Do you have any agreement that may limit your work for us** ☐ Yes ☐ No

If you answered yes to a potential conflict or work restriction, explain enough for the company to evaluate it. Do not disclose confidential information belonging to another organization.

_____
_____
_____

REQUIRED ATTACHMENTS

☐ Resume or work history attachment

☐ Current instructor card or credentials

☐ Government issued identification if requested later

☐ Additional employment-history page

☐ Current CPR provider card

☐ Healthcare or professional license copy

☐ Driving documentation if required later

☐ Other supporting documents

Do not attach documents containing a Social Security number, personal medical information, or unrelated protected information unless the company specifically requests them through a secure process.

SEPARATE BACKGROUND SCREENING PROCESS

Employment may be conditioned on verification of job-related information and, when lawful and appropriate for the position, a consumer report or other background screening. The company will provide a separate disclosure and authorization before requesting a consumer report. Do not disclose criminal history on this application. Any screening decision will be made in accordance with applicable federal, state, and local law.

APPLICANT CERTIFICATION AND SIGNATURE

- I certify that the information I provided in this application and its attachments is true, complete, and accurate to the best of my knowledge.
- I understand that a material misrepresentation or omission may result in withdrawal of an offer or termination of employment, subject to applicable law.
- I authorize Code Blue CPR Services and its designated representatives to verify the education, employment, licenses, certifications, references, and other job-related information I provided. I authorize the persons and organizations contacted to provide truthful job-related information, subject to applicable law.
- I understand that this application is not an offer or contract of employment. If hired, employment will be at will where permitted by law, meaning either the employee or employer may end employment at any time, with or without cause or notice, subject to applicable law and any written agreement signed by an authorized company representative.
- I understand that any consumer report or investigative consumer report will be addressed through separate legally required disclosure and authorization documents and procedures.
- I understand that I may request a reasonable accommodation for the application process or to perform the essential functions of the job.

Applicant printed name _____	**Date** _____
Applicant signature _____	**Electronic signature email if applicable** _____

COMPANY USE ONLY

Application received by _____	**Date received** _____
Interview date _____	**Interviewer** _____
Credentials verified by _____	**Verification date** _____
Reference checks completed by _____	**Completion date** _____
Decision ☐ Advance ☐ Hold ☐ Decline ☐ Conditional offer	**Decision date** _____

Job-related notes. Do not record protected medical, family, age, disability, genetic, or other non-job-related information.

_____
_____
_____