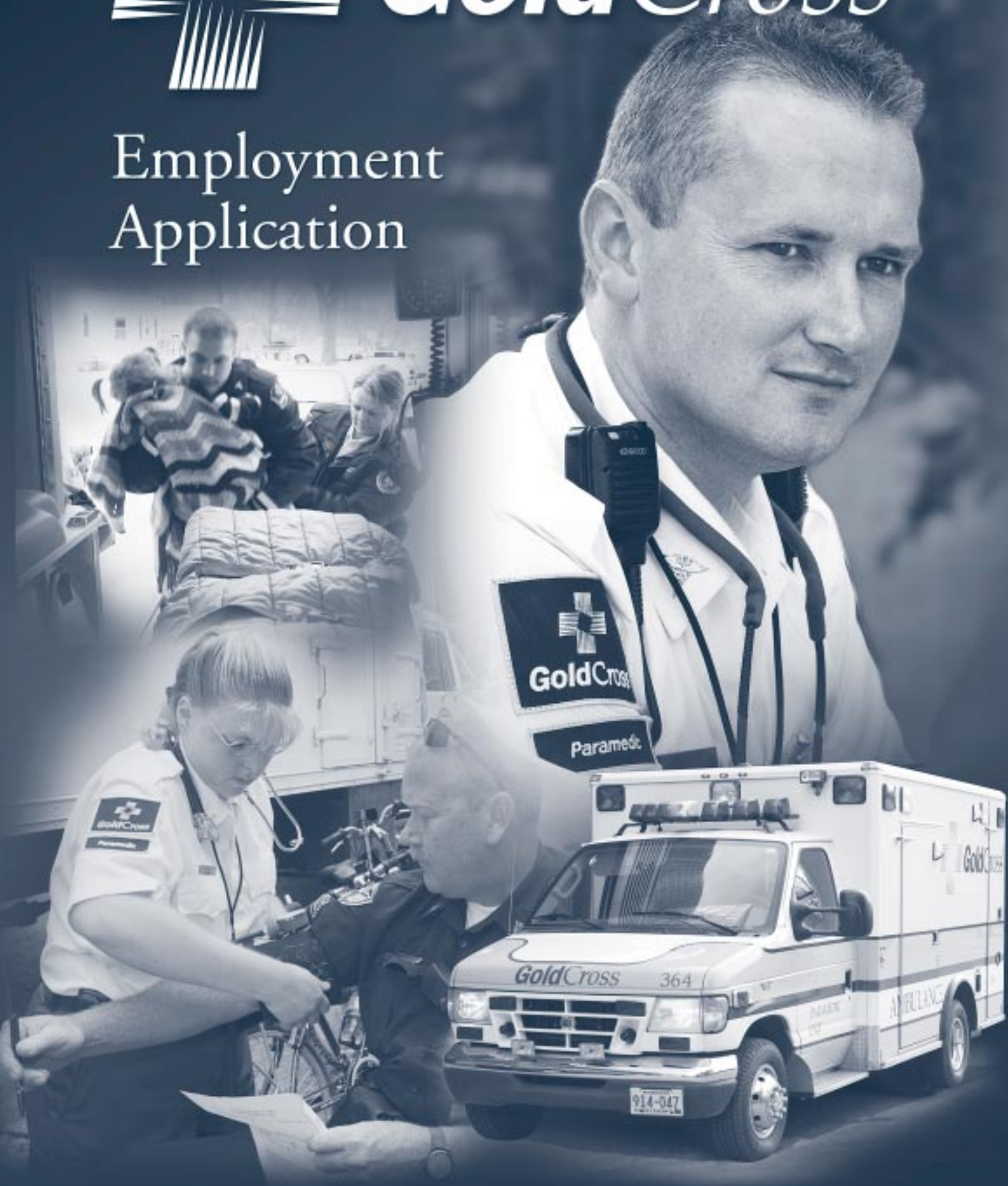




GoldCross®

Employment Application





Application for Employment

Gold Cross is an affirmative action and equal opportunity employer.

Personal Data

Legal Name - First		Middle	Last	Date
Present Address - Street				Apartment number
City		State		ZIP Code
Permanent Address - Street				Apartment number
City		State		ZIP Code
Daytime phone number		Evening phone number		Cell phone number
E-mail address		Social Security Number		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you a U.S. citizen or national, permanent resident, a refugee, an asylee, or authorized to work under the amnesty provisions of United States immigration law? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>It is not Gold Cross's policy to assist foreign individuals in obtaining authorization from the U.S. immigration authorities for employment in certain job categories. Gold Cross reserves the right to revoke an offer of employment to any person who needs assistance from Gold Cross to acquire or extend necessary employment authorization from U.S. immigration authorities and to terminate any employee whose employment authorization may have expired.</p>				

Interests

Position(s) applying for: <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> Office Staff	Date available to begin employment
Availability (please check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual (no scheduled hours)	
Indicate the Gold Cross location you are interested in applying for and working in (check all that apply). <input type="checkbox"/> Austin, MN <input type="checkbox"/> Eau Claire, WI <input type="checkbox"/> Litchfield, MN <input type="checkbox"/> Mankato, MN <input type="checkbox"/> Rochester, MN <input type="checkbox"/> Duluth, MN <input type="checkbox"/> Fairmont, MN <input type="checkbox"/> Little Falls, MN <input type="checkbox"/> Owatonna, M <input type="checkbox"/> St. Cloud, MN	

Sourcing

How did you learn about this position?	
<input type="checkbox"/> Career fair _____	<input type="checkbox"/> Walk-In _____
<input type="checkbox"/> College recruiting _____	<input type="checkbox"/> Internet _____
<input type="checkbox"/> Direct mail or poster _____	<input type="checkbox"/> Internship _____
<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> Former employee _____	

continued

Educational Information

Have you graduated from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		If yes, please provide name and location of high school or GED program: Name: _____ Location: _____		
College/University/Nursing School/Vocational School	City / State	Major/Degree	GPA	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

Employment History

Have you ever been employed by any Gold Cross entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? From _____ To _____	Location	Job title
Name when employed	Reason for leaving		

Please fill out completely beginning with the most recently held positions listed first. Do not omit unrelated work experience. Include military service, if applicable. You may attach an additional page if you have more relevant work history.

Company / Organization and Supervisor Name	Street Address City, State and ZIP Code Phone	Dates of Employment	Position and Short Description of Duties
		From _____ To _____ Month / Year Month / Year	
		Hourly Pay/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:		
		From _____ To _____ Month / Year Month / Year	
		Hourly Pay/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:		
		From _____ To _____ Month / Year Month / Year	
		Hourly Pay/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:		

continued

Disclosure Question

Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>A conviction will not necessarily disqualify you from employment.</i>
If yes, describe in full:	

Ambulance Supplemental Information

1 - National Registry number		2 - Minnesota EMS number		3 - Wisconsin EMS number	
Expiration date: (mo/day/yr)		Expiration date: (mo/day/yr)		Expiration date: (mo/day/yr)	
Date of last CPR Course	Date of last ACLS course		Date of last refresher course		Date of last BTLS course
Name of training institution			Address		
Instructor's name				Graduation date	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in which state?		Driver's License number	

Agreement - Please read carefully and sign below

I understand this application may be shared with any Gold Cross affiliated entity. I hereby authorize investigation of all statements contained in this application. I release Gold Cross from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports, satisfactory completion of a pre-employment medical examination and authorization for employment in the United States.

I understand that all conditions of employment, including but not limited to, hours, benefits, and salary are subject to change by Gold Cross at any time without prior notice to employees, subject to its obligations under the terms of any currently effective collective bargaining agreement. I also understand that employment at Gold Cross is "at will" employment and may be terminated at any time by either party. I further understand that I am required to abide by all rules and regulations of Gold Cross, and I also agree as a condition of employment to periodic physical examinations.

I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying information on my resume.

Signature	Signature Date
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**Please return your completed application along with copies of your state and national EMT and/or EMT-P cards (as applicable) to:
Human Resources, Gold Cross, 501 6th Avenue NW, Rochester, MN 55901**

If you have any questions, please feel free to contact Human Resources at 877-358-5255 or 507-255-1718.

NOTE: a copy of your National Registry card must be attached in order to be considered for an interview.

Thank you for applying for employment with Gold Cross.
Gold Cross is a Tobacco Free Environment.