



Name: \_\_\_\_\_

Applicant # \_\_\_\_\_

## Gold Cross Ambulance

### Instructions for Application

**EMT**     Basic  
                   Intermediate

Type of work preferred:

- Full Time (Four 12 hour shifts/week = 48 hours/week)
- Part Time (Less than 48 hours/week)

Attach the following required documents behind this cover sheet:

- Employment application (please fill-out even if attaching a resume)
- Copy of your driving record. (Obtained through the Division of Motor Vehicles for about \$5.00. Applicants cannot have more than one moving traffic violation or any alcohol related incidents to be considered for employment.)

*Please try to copy/fit the following on one page:*

- Front and back copy of your driver's license. (Must possess a Utah driver's license at time of hire.)
- Front and back copy of your Utah EMT license (wallet card). If you have not received your card from the state, attach copies of both written and practical test letters indicating successful completion. (Card must be "in hand" at time of hire.)
- Front and back copy of your CPR card

Optional documents:

- Letters of recommendation, resume, applicable certificates, awards, etc.

*Incomplete applications will not be processed. Please do not return your application until all paperwork is attached.*

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Complete applications will be processed and reviewed. Applicants may then be called for an interview as job openings occur or are anticipated.

Applicants who are offered employment will be required to pass an ICC/DOT (Department of Transportation) physical examination, drug test, and complete an I-9 form (eligibility to work in the US). Employment is conditional upon successful completion of these items. New employees must submit to a base-line blood test and TB skin test before working on the ambulance to determine any pre-employment presence of HIV, TB, Hepatitis, or other contagious or communicable diseases.

Employment applications are kept on file for one year.

Gold Cross Ambulance supports a drug-free work environment. Employees are subject to random drug testing each month. By signing below, you agree to this policy if hired.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# GOLD CROSS AMBULANCE

1717 S Redwood Rd • Salt Lake City, Utah 84104-5110 • USA

Tel: (801) 972-3600 Toll Free: (888) 771-3606  
 Fax: (801) 975-4373

[hr@goldcrossambulance.com](mailto:hr@goldcrossambulance.com)  
[www.goldcrossambulance.com](http://www.goldcrossambulance.com)

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Employment Application

Please print. Do not type.

<b>PERSONAL INFORMATION</b>		Email address	
Name (last, first)	Social Security Number <small>(not required)</small> - -	Home phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Other ( )	
Current Address	City, State	Postal (Zip) Code	

<b>DESIRED EMPLOYMENT</b>		Position(s)	<input type="checkbox"/> Full time <input type="checkbox"/> Permanent <input type="checkbox"/> Part time <input type="checkbox"/> Summer/Seasonal	Desired wage/salary	Date you can start	
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Position?	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much notice must you give your current employer? ___ days ___ weeks		
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Position?	Supervisor(s)	Reason for leaving		
Who referred you to this company? <input type="checkbox"/> State Employment Office (DWS) <input type="checkbox"/> College/University _____		<input type="checkbox"/> Staffing/Temp Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet ad/search _____	<input type="checkbox"/> Friend <input type="checkbox"/> Walk in	<input type="checkbox"/> Relative Name of person: _____	<input type="checkbox"/> Gold Cross Employee How do you know this person? _____	<input type="checkbox"/> Other

<b>EDUCATION</b>	Name ▼	City, State ▼	Number of years/ months attended	Subjects studied ▼	Did you Graduate?
High School				<input type="checkbox"/> general	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University					<input type="checkbox"/> Yes <input type="checkbox"/> No
EMT-B Course EMT-I Course Paramedic Program Other Schooling				<input type="checkbox"/> EMT <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Paramedic <input type="checkbox"/> EMD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>OTHER TRAINING/SKILLS</b>	
Volunteer Work/Special Study /Research	Dates:
Special Training:	Dates:
Skills (computer, etc.) Keyboard typing ____ wpm <input type="checkbox"/> 10-key by touch ____ wpm <input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> Internet	

## EMPLOYMENT HISTORY – (PAST 10 YEARS)

Name of Present or Last Employer		Address, City, State, Zip		
Starting Date	Leaving Date	Were you ever promoted? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did you supervise others? If so, how many? <input type="checkbox"/> No <input type="checkbox"/> Yes ____	Phone Numbers
Starting Wage or Salary _____ <input type="checkbox"/> hourly <input type="checkbox"/> salary	Ending Wage or Salary _____ <input type="checkbox"/> hourly <input type="checkbox"/> salary	Supervisor(s) Names and Titles		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ May we contact these supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Both		Describe the work you did		
Job Titles Held				
Explain why you left, or why you want to leave			<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layed off <input type="checkbox"/> Job was seasonal <input type="checkbox"/> Job was temporary	

Name of Past Employer		Address, City, State, Zip		
Starting Date	Leaving Date	Were you ever promoted? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did you supervise others? If so, how many? <input type="checkbox"/> No <input type="checkbox"/> Yes ____	Phone Numbers
Starting Wage or Salary _____ <input type="checkbox"/> hourly <input type="checkbox"/> salary	Ending Wage or Salary _____ <input type="checkbox"/> hourly <input type="checkbox"/> salary	Supervisor(s) Names and Titles		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ May we contact these supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Both		Describe the work you did		
Job Titles Held				
Explain why you left			<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layed off <input type="checkbox"/> Job was seasonal <input type="checkbox"/> Job was temp	

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Starting Date	Leaving Date	Were you ever promoted? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did you supervise others? If so, how many? <input type="checkbox"/> No <input type="checkbox"/> Yes ____	Phone Numbers
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<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Both		Describe the work you did		
Job Titles Held				
Explain why you left			<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layed off <input type="checkbox"/> Job was seasonal <input type="checkbox"/> Job was temp	

### WORK REFERENCES - PEOPLE YOU'VE WORKED WITH

Name ▼	City, State ▼	Business/Profession	Years Acquainted	Phone ▼
				work other
				work other
				work other

Have you ever <u>been convicted</u> of, or <u>plead guilty</u> to, a MISDEMEANOR within the last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever <u>been convicted</u> of, or <u>plead guilty</u> to, a FELONY within the last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes
Explain:

