



Preferred location (select one):

- Salt Lake
- Provo
- St. George
- Iron County
- Vernal

Name: _____



Gold Cross Ambulance Instructions for Application **Paramedic**

Type of work preferred:

- Full Time (Four 12 hour shifts/week -or- 24 hour shifts A,B,C)
- Part Time (Less than 30 hours/week)

Attach the following required documents behind this cover sheet:

- Employment application (please complete even if attaching a resume)
- Copy of your driving record. (Obtained through the Division of Motor Vehicles. Applicants cannot have more than one moving traffic violation or any alcohol related incidents to be considered for employment.)
- Front and back copy of your driver's license.
- Front and back copy of your Utah Paramedic/RN 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 ALS card (if you have recertified)
- Front and back copy of your PALS or PEPP card (if available)
- Front and back copy of your CPR card

Optional documents:

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

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

Submit completed applications by fax, email, mail, or in person (see application for info).

Complete applications will be reviewed. Applicants may then be called for an interview as job openings occur or are anticipated. Due to the number of calls we receive about employment, we do not advise you call to simply check on the status of your application. However, calling with updated information is appreciated.

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 SERVICES, INC.
 1717 SOUTH REDWOOD RD.
 SALT LAKE CITY, UT 84104-5110

Name: _____

Date: ____/____/____

Employment Application

- ▼ Select area of interest
- Salt Lake City & Provo
 - St. George
 - Iron County
 - Vernal (Uintah County)

Return by email: jobs@goldcrossambulance.com
 Return by fax: 801-975-4355
 Questions? Call: 801-975-4138

PERSONAL INFORMATION		Email	
Name (last, first)	City	Phone – Primary	
Current Street Address	State, Zip	Phone – Secondary	
Who referred you to our company?			
<input type="checkbox"/> Internet search / ad _____ <input type="checkbox"/> College / University _____ <input type="checkbox"/> Course Coordinator _____		<input type="checkbox"/> Gold Cross Employee <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk in <input type="checkbox"/> Recruiter <input type="checkbox"/> Other Name of person: _____ How do you know this person? _____	

DESIRED EMPLOYMENT		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	

EDUCATION	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 Course				<input type="checkbox"/> EMT <input type="checkbox"/> CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No
A-EMT Course				<input type="checkbox"/> First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paramedic Program				<input type="checkbox"/> Paramedic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Schooling				<input type="checkbox"/> EMD	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER TRAINING/SKILLS/LANGUAGES SPOKEN	
Volunteer Work / Special Study / Research	Dates:
Special Training:	Dates:
Skills (computer, etc.) Keyboard typing _____ wpm (if known) <input type="checkbox"/> 10-key by touch _____ wpm (if known)	

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"/> Laid 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"/> Laid 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		
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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"/> Laid off <input type="checkbox"/> Job was seasonal <input type="checkbox"/> Job was temporary	

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:		

SERVICE RECORD (THIS INFORMATION IS VOLUNTARY)

Branch of Service: _____	Discharge Date: _____
<input type="checkbox"/> I am a veteran of _____	Rank: _____

AUTHORIZATION

initial "I certify that the information given herein is true and complete to the best of my knowledge. I understand that, in the event I become employed by the Company, the discovery of false or misleading information given in my application or during any oral interview process may result in my immediate dismissal."

initial "I authorize the Company to investigate any and all statements, information, and references contained in this application for employment, as may be necessary in arriving at an employment decision, including arrest and conviction records, or performance records from prior employers, and I hereby release all persons from liability arising out of the disclosure or use of such information."

initial "I hereby understand and acknowledge that, if employed by the Company, my employment relationship with the Company will be of an 'at will' nature unless my employment is governed by a collective bargaining agreement or by an individual employment agreement that has been signed by an authorized Company representative. If employed as an at-will employee, I may resign at any time, and the Company may discharge me at any time, with or without cause, and with or without notice. The 'at will' relationship between me and the Company, if applicable, may not be changed by any verbal promise, by any written document, or by conduct, unless such change is specifically acknowledged in writing and signed by an authorized Company representative."

initial "I understand that in the event I become employed by the Company, I will be expected to abide by all rules and regulations of the Company and to read the Company's employee handbook and/or policies once I begin work."

initial "I acknowledge and understand that the Company prohibits its employees from harassing other employees, customers, personnel from other companies/agencies, or anyone else, for any reason, including, without limitation, the person's sex, age, color, race, religion, national origin, or disability. I further acknowledge that any such behavior by me will result in disciplinary action being taken, up to and including immediate termination of employment, regardless of length of service or position held."

"I acknowledge and understand that I may be required to submit to testing for illegal drugs or alcohol as a condition of employment or continued employment, and shall be obligated to comply with the Company's drug and alcohol policy as stated in the employee handbook and policy manual. I further acknowledge and understand that if I test positive, or refuse to submit to such testing, or if I substitute or falsify any sample in any way, I may be denied employment or continued employment with the Company."

Signature: _____ Date: ____/____/____

COMPANY USE ONLY

_____ Interviewed by: _____ Date: ____/____/____	<input type="checkbox"/> Qlfd <input type="checkbox"/> Time Off <input type="checkbox"/> Perf ess <input type="checkbox"/> Acc Trn <input type="checkbox"/> Acc Sch <input type="checkbox"/> Pers Trans <input type="checkbox"/> Pub Trans <input type="checkbox"/> 2wk <input type="checkbox"/> 1wk <input type="checkbox"/> None
Notes:	

Employment offered verbally on: ____/____/____ @ ____:____	Employment accepted in writing on: ____/____/____ @ ____:____
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© 2016 **Gold Cross Services, Inc.**
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 Salt Lake City, Utah 84104-5110
 (801) 975-4138 (801) 975-4355 Fax (888) 771-3606 Toll Free

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 email: jobs@goldcrossambulance.com