



## **Application for Employment**

Gold Cross is an affirmative action and equal opportunity employer.

## Personal Data

<b>Legal Name</b> - 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 nur	vening phone number Ce		Cell phone number	
E-mail address	Social Secu	Social Security Number		Are you 18 years of age or	
				older? Yes No	
Are you a U.S. citizen or national, perman	ent resident, a refugee, a	an asylee, or authorized	to work under the a	amnesty provisions of	
<b>United States immigration law?</b> Yes	No				
It is not Gold Cross's policy to assist foreign		horization from the U.S. in	nmigration authorities t	for employment in certain job	
categories. Gold Cross reserves the right to re					
necessary employment authorization from U.S				•	
expired.			.,,	,,	
Interests					
Position(s) applying for:			Date av	ailable to begin employment	
□ ЕМТ-В □ ЕМТ-І □ ЕМТ-І	P Office Staff				
Availability (please check all that apply)					
Full-time Part-time	Cacual	(no scheduled hours)			
		,	hat and A		
Indicate the Gold Cross location you are int					
☐ Austin, MN ☐ Eau Claire, WI ☐ Litchfield, MN ☐ Mankato, MN ☐ Rochester,					
☐ Duluth, MN ☐ Fairmont, MN	Little Falls, MN	☐ Owatonna, M	St. Cloud, MN		
Sourcing					
How did you learn about this position?					
Career fair		Walk-In			
College recruiting					
Direct mail or poster					
Former employee					

## 

## ☐ In Progress Yes No └ In Progress **Employment History** Have you ever been employed by any If yes, when? Location Job title Gold Cross entity? Yes No From To **Reason for leaving** Name when employed 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. Street Address Company / Organization City, State and ZIP Code and Supervisor Name Phone Dates of Employment Position and Short Description of Duties From То Month / Year Month / Year Hourly Pay/Salary May we contact this employer for a Reason for leaving: reference? ∐Yes ∐ No From То Month / Year Month / Year Hourly Pay/Salary Reason for leaving: May we contact this employer for a reference? ☐ Yes ☐ No From To Month / Year Month / Year Hourly Pay/Salary May we contact this employer for a Reason for leaving: reference? ∐Yes ∐ No

Disclosure Question							
Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)?			A conviction will not necessarily disqualify you from employment.				
If yes, describe in full:							
Ambulance Supplemental	Informati	on					
1 – National Registry number		2 - Minnesota EMS number		<b>3</b> - Wisc	3 - Wisconsin EMS number		
Expiration date: (mo/day/yr)		Expiration date: (mo/day/yr)		Expiratio	Expiration date: (mo/day/yr)		
Date of last CPR Course	Date of la	st ACLS course		Date of last refresher course		Date o	of last BTLS course
Name of training institution			Address	S			
Instructor's name						Gradua	ation date
Do you have a valid driver's license?		f yes, in which state?		Driver's License number			
Agreement - Please read c	arefully and s	sign below					
I understand this application methis application. I release Gold application is true and complete and/or refusal of employment. employment medical examination.  I understand that all conditions any time without prior notice to I also understand that employment understand that I am required to physical examinations.  I certify the information provided paragraphs above. By signing here	Cross from an e and that and I understand on and author of employment employees, surent at Gold Co abide by all dispose is tru	ny and all liability y misrepresentation that employment ization for employent, including but rubject to its obligaross is "at will" er rules and regulate and complete to	resulting on, falsific is subject ment in the not limited ations under the not of G	from such investigated and investigated and investigated to satisfactory refeathe United States.  If to, hours, benefits der the terms of any and may be termically cold Cross, and I also to finy knowledge.	tion. I affirm the ssion herein sherence reports, and salary are currently effernated at any ties of agree as a second se	hat all inf lall be sur satisfactor e subject ctive colle me by eit condition	formation contained in this officient reason for dismissal by completion of a preto change by Gold Cross at active bargaining agreement, her party. I further of employment to periodic tand the statements in the
Signature							Signature Date

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.