



APPLICATION FOR AMBULANCE ATTENDANT-DRIVERS LICENSE

NEW _____
RENEWAL _____

For City Clerk's Office to fill out:
License # _____ License Expires _____
Receipt # _____

Name _____ List all additional last names ever used (alias names, maiden names, previous married names) _____

_____ Which company do you drive for? _____

Home address _____ Telephone # _____

Birthdate _____ Age _____ Place of birth _____

Weight _____ Height _____ Color of Hair _____ Color of Eyes _____

State Driver's License # _____

Places of Residence in the last Five (5) years _____

Have you, within the past Five (5) years, been convicted of a felony or misdemeanor? _____

If so, when and for what? _____

Do you have an Iowa Chauffeur's License? _____

Have you been convicted of OWI charges or convicted of any moving violation which resulted in suspension of an operator's or chauffeur's license within the past three (3) years? _____ If yes, when and for what?

Do you have any physical defects which might impair your ability to drive? _____

Are you addicted to the use of intoxicating substances? _____

Do you promise to abstain from the use of such while on duty? _____

Can you read and write the English language? _____

List training and experience in the transportation and care of patients _____

Do you fully understand that any falsification made hereinbefore will constitute grounds for revocation of your license? _____

I authorize the City Clerk's Office and Cedar Rapids Police Department to examine any and all criminal history records and driving records held by the State of Iowa and FBI as necessary?

Signature of Applicant

I, (print name) _____, being first duly sworn, upon oath depose and say that I am the proponent of the foregoing information, and that the statements made and answers given above are true.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for Linn County, Iowa