

**CITY OF CEDAR RAPIDS, IOWA
APPLICATION FOR AMBULANCE DRIVER, ATTENDANT,
AND ATTENDANT DRIVER PERMITS**

Two Years

NO. _____

\$25.00 + **Criminal History Charges (\$12.00 minimum)**

R# _____

Expires _____

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

2. Address _____
3. Places of Residence for two years previous to moving to present address _____

4. Length of Residence in Cedar Rapids _____ Birthdate _____
5. Place of Birth _____ Marital Status _____ Height _____
6. Color of Eyes _____ Color of Hair _____
7. Drivers License No. _____ Social Security No. _____
8. Have you, within the past five years, been convicted of a felony or misdemeanor? _____
If so, when and where and for what cause? _____
9. Are you addicted to the use of intoxicating substances? _____
10. Can you read and write the English language? _____
11. List training and experience in the transportation and care of patients _____

12. Have you ever been licensed as a driver or chauffeur? _____
13. Attach a xerox copy of your current State Chauffeur's License to this application.
14. Have any of such licenses ever been revoked or suspended? _____
If so, for what reason? _____

OVER

15. Do you have any physical defects or diseases which might impair your ability to drive or attend an ambulance?-

_____ If so, please list _____

16. Do you fully understand that any falsification made hereinbefore will constitute grounds for revocation of your ambulance driver, attendant, or attendant driver permit? _____

17. 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, (Please print) _____, 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

POLICE DEPARTMENT

Police Commander

Date

**PLEASE BRING WITH YOU YOUR
AMBULANCE LICENSE AND
DRIVER'S LICENSE WITH THIS
APPLICATION. THANK YOU!**