

# AMBULANCE ATTENDANT/DRIVER PERMIT

DATE: \_\_\_\_\_

1. NAME SHOWN ON DRIVER'S LICENSE: \_\_\_\_\_

2. RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. PLACES AND DATES OF RESIDENCE FOR PAST FIVE (5) YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ATTENDANT/DRIVER DESCRIPTION:

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

5. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? \_\_\_\_\_

6. LIST ANY TRAINING AND/OR EXPERIENCE IN THE TRANSPORTATION AND CARE OF PATIENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. A. HAVE YOU EVER BEEN LICENSED AS AN AMBULANCE (OR INVALID COACH) DRIVER,  
CHAUFHEUR, OR ATTENDANT? \_\_\_\_\_

B. HAVE YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. CURRENT STATE OF ALABAMA DRIVERS LICENSE NUMBER: \_\_\_\_\_

9. LIST FOUR PERSONAL REFERENCES OTHER THAN PREVIOUS EMPLOYERS (Give Name, Address,  
Telephone Number, and Employer of each reference):

A. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_

C. \_\_\_\_\_  
\_\_\_\_\_

D. \_\_\_\_\_  
\_\_\_\_\_

10. HAVE YOU EVER COMPLETED A NATIONAL SAFETY COUNCIL DEFENSIVE DRIVING COURSE?

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE OF COMPLETION \_\_\_\_\_

11. CURRENT TELEPHONE NUMBER: \_\_\_\_\_

12. CURRENT EMT LEVEL: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**{Attach a copy of your Alabama State Board of Health License and your Alabama Drivers License}**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
FIRE CHIEF