



EMS CRIMINAL HISTORY FORM

Please return the completed form to: **Texas Department of State Health Services, EMS Central Group, Mail Code 1876, PO Box 149347, Austin, TX 78714-9347** or fax to: **512-834-6713**. Use additional sheets if necessary.

(PLEASE PRINT)

Name:		Social Security #:	
Address:			
City:	County:	State:	Zip Code:
Telephone Number:		Email:	

CRIMINAL HISTORY: Please include all criminal offenses/charges/arrests below:

1. <u>Circle One</u> :	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____	Cause Number: _____			
City/County/State: _____	Date: _____			
2. <u>Circle One</u> :	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____	Cause Number: _____			
City/County/State: _____	Date: _____			
3. <u>Circle One</u> :	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____	Cause Number: _____			
City/County/State: _____	Date: _____			
4. <u>Circle One</u> :	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____	Cause Number: _____			
City/County/State: _____	Date: _____			
5. <u>Circle One</u> :	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____	Cause Number: _____			
City/County/State: _____	Date: _____			

Signature: _____	Date: _____
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