



EMS WORK HISTORY FORM

Please provide the following information regarding your employment activity. If applicable be sure to include any EMS agencies you are associated with, current and past, as well as volunteer and/or paid. Return the completed form to: **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.

NAME: _____	SSN: _____
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Company: _____ City _____
 EMS License # (if applicable) _____
 Start Date _____ End Date _____
 Duties: _____
 Reason for Leaving: _____

Company: _____ City _____
 EMS License # (if applicable) _____
 Start Date _____ End Date _____
 Duties: _____
 Reason for Leaving: _____

Company: _____ City _____
 EMS License # (if applicable) _____
 Start Date _____ End Date _____
 Duties: _____
 Reason for Leaving: _____

Company: _____ City _____
 EMS License # (if applicable) _____
 Start Date _____ End Date _____
 Duties: _____
 Reason for Leaving: _____

Have you ever received, or currently have any pending, disciplinary action while employed with an EMS firm? _____ Yes _____ No

If answered yes, please explain (on a separate sheet of paper) the name of the EMS firm, license number and what type of disciplinary action was proposed/received.

Signature: _____	Date: _____
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