



EMS COMPLIANCE AND QUALITY ASSURANCE GROUP
WORK HISTORY FORM

Please provide the following information regarding your employment activity. 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 Compliance and Quality Assurance, Mail Code 1979, PO Box 149347, AUSTIN, TEXAS 78714-9347 or fax to: 512-834-6713.** Use additional sheets if necessary.

NAME: _____ **CASE:** _____

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

Have you received, or have currently pending, any type of 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: _____