



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/Trauma Systems, Mail Code 1876, PO Box 149347, Austin, TX 78714-9347 or fax to: 512-834-6713.** Use additional sheets if necessary.

TYPE OR PRINT IN BLACK INK

NAME: _____	SSN: _____
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Company: _____ City _____ State _____ Start Date _____ End Date _____ Duties: _____ Reason for Leaving: _____ -----
Company: _____ City _____ State _____ Start Date _____ End Date _____ Duties: _____ Reason for Leaving: _____ -----
Company: _____ City _____ State _____ Start Date _____ End Date _____ Duties: _____ Reason for Leaving: _____ -----
Company: _____ City _____ State _____ Start Date _____ End Date _____ Duties: _____ Reason for Leaving: _____

Have you ever received, or currently have any pending, disciplinary action while employed with an EMS provider or first responder organization?

_____ **Yes** _____ **No**

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

Signature: _____ Date: _____
