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: |

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: ___________________________ Revised 06-2018