



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: 512-206-3780.** 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: _____
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 EMS License # (if applicable) _____
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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: _____