

ASTON AMBULANCE AUTHORITY EMPLOYMENT APPLICATION

3264 CONCORD ROAD
ASTON, PA 19014

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS TO PARAMEDIC APPLICANT

IMPORTANT

READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU BEGIN

1. You are required to complete the attached personal data questionnaire. It is mandatory that all areas be covered completely and truthfully. Please be sure that all replies are LEGIBLE AND HAND PRINTED OR TYPED.
2. You are reminded that any misstatement, deception or falsification on your part could be the cause for your rejection or dismissal. If there are any questions or doubts in your mind concerning any area covered by this questionnaire, it is your responsibility to bring the matter to the attention of the interviewing panel.
3. YOU ARE ASSURED THAT THE INFORMATION SUPPLIED BY YOU IN THIS QUESTIONNAIRE AND THE SUBSEQUENT INTERVIEW WILL BE CONSIDERED CONFIDENTIAL AND NOT DISCLOSED TO UNAUTHORIZED PERSONS TO INVESTIGATE AND EVALUATE YOUR APPLICATION FOR APPOINTMENT TO THE ASTON AMBULANCE AUTHORITY. HOWEVER, THE ABOVE GUARANTEE OF CONFIDENCE WILL BE CONSIDERED VOID IN THE EVENT THAT THE SUBSEQUENT INVESTIGATION DISCLOSES CRIMINAL ACTS OR PARTICIPATION ON YOUR PART INVOLVING YOU IN UNLAWFUL OR ILLEGAL ACTIVITIES.
4. All spaces in the questionnaire must be filled in, with the exception of those spaces where it is indicated, **“DO NOT FILL IN THE FOLLOWING SPACES”**.
5. If a question does not pertain to you, write in the space “N/A”.
6. You may use the reverse side of any page or submit extra pages if more space is needed in any section of this application/questionnaire.

7. All completed applications shall be filed at the Aston Township Municipal Building, 3264 Concord Road, Aston, PA 19014, Second Floor / Administration and shall be accompanied by legible copies of the following records:
- a. Copy of State issued Driver's License
 - b. Copy of Discharge or Separation from military service if applicable.
 - c. Copy of High School and/or College Diploma **OR**
 - d. Copy of transcript of high school record and/or college record if applicable.
 - e. Naturalized citizens shall submit proof of naturalization.
 - f. Copies of all requested background information, see end of application for details.
 - g. Copies of all requested EMS credentials. Copies of all submitted EMS Cards shall be front and back of the card.
 - h. Position Requirements are located at end of this application
8. **The completed application will be signed and notarized in 3 spaces prior to submitting same. See end of application. Failure to obtain the required notarization will result in disqualification of application.**
9. **DEADLINE to apply is 1/30/26 at 1500 hours**

PLEASE PRINT

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 NUMBER STREET

 CITY STATE ZIP CODE

TELEPHONE NUMBER: HOME: _____
 CELL: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SPOUSE NAME (include maiden name if applicable): _____

EMERGENCY CONTACT NAME / CELL: _____

Presently Marital Status: Single: _____ Married: _____ Separated: _____ Divorced: _____

IF MARRIED COMPLETE THE FOLLOWING INFORMATION:

Spouse Information:

Name: _____ Maiden Name: _____

Date and Place of Birth: _____

Occupation: _____ Employer: _____

Employer Address: _____

Children: (Please List Name & Date of Birth)

SECTION III – FINANCIAL STATUS

Complete the following information regarding delinquent/default bills, loans, etc.:

Name and Address of Organization: Total Owed: Monthly Payments: Expiration Date:

Do You: _____ Rent _____ Board _____ Mortgage Monthly Amount: _____

If you are presently behind, in default or delinquent in payments on unpaid bills or loans or if your credit has ever been considered unsatisfactory, explain in detail:

Sources of Income Other Than Current Employment If Applicable:

Do you have part or total ownership in any private enterprise? ____ Yes ____ No

If yes, explain in detail:

List any real estate you own or are buying that is not requested elsewhere on this application:

SECTION IV – AUTOMOBILE & DRIVING INFORMATION

If you own, lease or are buying an automobile, complete the following:

Make: _____ Model: _____ Color: _____ Year: _____

Plate Number: _____ Amount Owed: _____

Do you have a valid Pennsylvania Driver's License: ____ Yes ____ No

License Number: _____ Date Validated: _____ Expiration Date: _____

Restrictions: _____

If license has ever been suspended or revoked, explain in detail: _____

List any accidents in which you were involved. Explain in detail the date and circumstances of accident.

Did you report the accident to the police? ____ Yes, ____ No; or to the Department of Motor Vehicles? ____ Yes ____ No

If NO, Explain in Detail: _____

List any traffic tickets you received for other than illegal parking. Give dates, locations and reason for the ticket: _____

Have you ever had an operator's license in any other state? ____ Yes ____ No

If yes, list State and approximate date: _____

SECTION V – MILITARY SERVICE

If you have ever served in the Armed Forces of the United States, complete the following Information:

Branch _____ Dates of Service _____ to _____
Month – Year Month – Year

Serial Number _____ Highest-Grade Attained _____ Type of Discharge _____

If Type of Discharge is General, Medical or other than Honorable, Explain in Detail: _____

Were you ever reduced in Rank or disciplined while serving in the armed forces? ____ Yes ____ No

If yes, explain in detail: _____

List your Reserve Status ____ Active ____ Inactive ____ N/A

List any current obligations to the Military: _____

If you have ever received or applied for any disability benefits from the Veteran's Administration as a result of Military service, explain in detail: _____

List any medals or decorations you received: _____

SECTION VI – EDUCATION

Education Level	Name City State	Years Completed	Degree	Major
High School or GED				
College/University				
College/University				
College/University				
Paramedic / Technical School Or Other				

If you did not graduate from any of the above schools, explain: _____

List any disciplinary problems while attending school: _____

List any and all EMS related Certifications that are current:

Please attach copies of transcripts/diplomas from above listed schools, including accredited Paramedic Program.

Please attach copies of front and back of all EMS related cards/credentials including but not limited to: PA Paramedic, NR Paramedic, EMSVO, EVOC CPR, ACLS, PALS, PHTLS, ICS 100, 200, 300, 400, 700, 800

Use separate pages if necessary

SECTION VII – PERSONAL DATA

You may supply this information on a separate typed page

In 100 words or less how do you spend your leisure time:

Do you read, write or speak a foreign language: _____ Yes _____ No

If yes, which language _____

Proficiency Level (Please explain) _____

List any Social, Fraternal, Veteran or Neighborhood group, club, societies or organizations of which you are currently a member or attend: _____

Fully describe positions in which you have held requiring leadership, executive ability and/or authority:

If appointed to the Aston Ambulance Authority, do you agree to be bound by the Rules and Regulations and by any Amendments thereto adopted, and by such administrative and disciplinary regulations of the Paramedic Department as may from time to time be in force: ___ Yes ___ No

Do you understand that it is necessary for you to successfully pass a physical examination conducted by a medical doctor or advanced medical provider as designated by the Aston Ambulance Authority. _____ Yes _____ No

Do you agree to participate in the following pre-employment examinations?

Medical Exam	_____ Yes _____ No
10 Panel Drug Screen	_____ Yes _____ No
N95 Fit test & OSHA Questionnaire	_____ Yes _____ No

If appointed to the Aston Ambulance Authority, do you agree that you will work the prescribed number of hours, irregular tours of duty and/or irregular hours as prescribed, directed or commanded by the Chief of EMS or by his/her Representative? _____ Yes _____ No

If appointed to the Aston Ambulance Authority, do you agree to adhere to the Uniform and Appearance Policy which will include requirements for facial hair as outlined by OSHA for N95 mask wearing compliance. _____ Yes _____ No

Section VIII – MORAL PRACTICES

It is important to remember that any misstatement on your part concerning the following information is cause for rejection or dismissal. Further, you are reminded that all statements will be investigated thoroughly by the Aston Ambulance Authority and Aston Township Police Department, which of course, will include a check on all references and information provided.

If you have ever instituted civil or criminal action against any person or organization, or if any person or organization has ever instituted civil or criminal action against you, give full details

In 100 words or less, why do you want to be a Paramedic at the Aston Ambulance Authority:

IN 100 words or less, list any such experiences you have had, or specialized ability you possess, which in your opinion will qualify you for the position of Paramedic:

Have your medical command privileges ever been suspended or revoked from any prior EMS departments? Explain in detail:

Have you ever had any Department of Health sanctions placed on you as an ALS provider
_____ Yes _____ NO

If yes, explain in detail: _____

List the Medical Directors / EMS Agency that you have worked under in the past:

SECTION IX – ARREST DATA

Have you ever been arrested for any law violation, including juvenile arrests and/or contacts, in or outside of Pennsylvania: _____ Yes _____ No

Have you ever been convicted of any law violations: _____ Yes _____ No

If you answered “yes” to either of the above questions, list complete details including dates, locations, charges and disposition: _____

SECTION X – EMPLOYMENT

Complete the following information regarding your work experience including your current or most recent position. Account for all jobs, full or part time. Do not leave any employment off because you may feel it was not important or was for a short duration.

List your most recent employer first including U. S. Military Service.

ADDITIONAL PAGES AVAILABLE UPON REQUEST

Employer: _____ Phone #: _____

Name/Title of Representative: _____

Employed from: _____ to: _____ Position: _____

Duties: _____

Employer: _____ Phone #: _____

Name/Title of Representative: _____

Employed from: _____ to: _____ Position: _____

Duties: _____

Employer: _____ Phone #: _____

Name/Title of Representative: _____

Employed from: _____ to: _____ Position: _____

Duties: _____

Employer: _____ Phone #: _____

Name/Title of Representative: _____

Employed from: _____ to: _____ Position: _____

Duties: _____

Employer: _____ Phone #: _____

Name/Title of Representative: _____

Employed from: _____ to: _____ Position: _____

Duties: _____

Have you ever been dismissed from employment for inefficiency, delinquency or misconduct, or have you ever been permitted to resign to prevent dismissal: ____ Yes ____ No

If yes, give full details: _____

References:

Please provide four references in the space below. The references must be non-relatives.

1. Name: _____
Address: _____
City, State, Zip Code: _____
Email / Phone: _____
Relationship: _____

2. Name: _____
Address: _____
City, State, Zip Code: _____
Email / Phone: _____
Relationship: _____

3. Name: _____
Address: _____
City, State, Zip Code: _____
Email / Phone: _____
Relationship: _____

4. Name: _____
Address: _____
City, State, Zip Code: _____
Email / Phone : _____
Relationship: _____

Section X1: Background Checks

The following background checks will be submitted with application. Failure to submit the background information will result in the application to be disqualified. Please see special attention/instructions regarding the FBI Fingerprint background check.

State Police Background Check or obtain in your state of residence.

PA Residents reference below web site.

PA: <https://epatch.pa.gov/home>

Child Abuse Check in state of residence

PA Residents reference below web site

PA: <https://www.pa.gov/agencies/dhs/resources/keep-kids-safe/child-abuse-clearances/pa-child-abuse-history-clearance>

Driver's history check in state that DL is issued

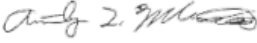
PA: <https://appsca.pwp.pa.gov/idr>

FBI Fingerprint (See below instructions from PA DOH EMS Bulletin 2025-09)

<https://uenroll.identogo.com/>

Special Instructions for FBI Fingerprint Background Check only: Applicants may submit proof of FBI Fingerprint submission with the application as there is an anticipated waiting period to obtain these results. Applicants shall provide results of the FBI Fingerprint Background Check to the Chief of EMS at time of interview or as soon as possible upon receiving results. Any employment offers made will be considered conditional until successful submission of the FBI Fingerprint Background Check.

TO: PA Regional EMS Councils
PA EMS Agencies
PA EMS Education Institutes

FROM: Anthony L. Martin 
Director
Bureau of Emergency Medical Services

DATE: October 1, 2025

SUBJECT: New Requirement for FBI Background Checks

This memo serves as notice of a new requirement regarding criminal background clearances for individuals seeking EMS certification or reinstatement of their EMS certification in Pennsylvania.

In alignment with ongoing efforts to enhance public safety and ensure the integrity of the EMS system, the Department will implement a new FBI criminal history background check requirement, effective January 1, 2026.

All individuals who obtain an initial EMS certification, or reinstate an expired EMS certification, on or after January 1, 2026, will be required to submit an FBI fingerprint based criminal history background check. The background check cannot be more than ninety (90) days old at the time of submission of a complete and accurate application. The individual applying for certification is responsible for all expenses related to the FBI background check.

Individuals submitting a certification application on or after January 1, 2026, will need to upload their FBI background check to their certification application. Applications submitted without an FBI background check will not be processed and will be returned to the applicant.

Individuals who applied prior to January 1, 2026, but will not obtain certification until after January 1, 2026, are required to submit an FBI background check before a certification will be issued. The individual will need to email their FBI background check to their regional EMS council.

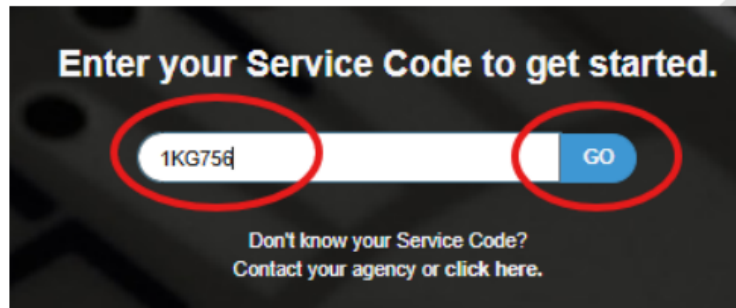
No certifications will be issued after January 1, 2026, without an FBI background check. There are no exceptions to this requirement.

EMS Institutes should ensure all current and future students are aware of this requirement.

This requirement does not apply to individuals who have a current/non-expired Pennsylvania EMS certification, or for reregistration of a Pennsylvania EMS certification. It also does not change the requirements for individuals applying for Certification by Endorsement (CBE).

To get an FBI background check in PA, register online at uenroll.identogo.com, enter service code 1KG756, and select "Schedule or Manage Appointment" to complete your application. You will then need to go to an approved fingerprinting location with the confirmation email and valid photo ID to have your fingerprints taken.

We recommend scheduling an appointment as soon as possible. It may take several weeks to get an appointment.



Enter your Service Code to get started.

1KG756 GO

Don't know your Service Code?
Contact your agency or click here.



1KG756 - Pennsylvania DHS-Employee >=14 Years Contact w/ Children

< Back to Home

Schedule or Manage Appointment
Schedule an in-person appointment or change an existing appointment.

What do I need to bring to enrollment?
Find out which documents you need to bring to the enrollment center to facilitate processing.

Locate an Enrollment Center
Locate and get directions to an enrollment center near you.

Submit A Fingerprint Card by Mail
Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail.

If you have any questions, please contact your regional EMS council or Jenni Hoffman, EMS Program Manager, at jennihoffm@pa.gov.

INFORMATION RELEASE

Date: _____

To Whom It May Concern:

I have made application for the position of Paramedic with the Aston Ambulance Authority in Delaware County, Pennsylvania. This letter shall constitute formal authorization to you to disclose to the Aston Ambulance Authority or Aston Township Police Department its duly authorized employees or agencies, any and all information which they in their discretion may deem appropriate.

Your assistance in providing information is sincerely appreciated.

Sincerely,

Signature

Print Name

AFFIDAVIT

State of Pennsylvania

County of Delaware

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to or affirmed and subscribed in my presence this

_____ day of _____, 20____.

Notary Public

I hereby authorize the Aston Ambulance Authority and the ASTON TOWNSHIP POLICE DEPARTMENT, or their Duly

Authorized Representative to interview my present and past employers, schools, references and the U. S. Military (and any branches thereof) and anyone else deemed necessary to establish Character, etc.

Signature of Applicant

Sworn to (or Affirmed)
And subscribed before me
This _____ day of _____ 20 _____

Notary Public

(SEAL)

STATE OF PENNSYLVANIA

SS _____
Sworn (Being Duly Affirmed)

COUNTY OF DELAWARE

According to law deposes and says that there are no willful misrepresentation in or falsifications of the above statements and answers to questions, and that he/she is aware that should investigation disclose such misrepresentation and falsifications, in addition to the penalties imposed by law for making false statements under oath, this application will be rejected at the time submitted or at some future time, whether or not an employee of the Aston Ambulance Authority, and he/she will be disqualified for applying in the future for any position in the service of the Aston Ambulance Authority, or terminated if already employed by the Aston Ambulance Authority.

Signature of Applicant

Sworn to (or Affirmed)
And Subscribed before me this

_____ day of _____ 20____.

Notary Public

(SEAL)

Position Requirements:

- High school graduate, or GED
- Graduate of an approved school of paramedic training
- Pennsylvania Dept. of Health EMT-Paramedic or higher certification is required
- Ability to obtain Aston Ambulance Authority medical command authorization
- BCLS Provider cert. (AHA)
- ACLS Provider cert. (AHA)
- PALS Provider cert. (AHA)
- PHTLS Provider cert.
- Hazmat training at the Awareness Level
- Hazmat training at the Operational Level within 1 year of hire date
- ICS 100, 200, 700, 800 (300,400 Preferred)
- Valid driver's license
- Current PA DOH EMS EMSVO Designation
- Pennsylvania Dept. of Health emergency vehicle driver training (EVOC)
- Maintains licensure and certifications as per job requirements and provides documentation

Experience:

- Minimum 18 years of age
- Minimum of one (1) year of experience as an emergency paramedic preferred

- Successful completion of Aston Ambulance Authority EMS department orientation and verification of all required competencies by Chief of EMS / Manager, Medical Director and/or approved designee.

- Minimum of one (1) year of experience as an emergency paramedic with documented competency in the following skills:
 - o Intubation
 - o Medication administration
 - o Trauma management
 - o CPAP
 - o Defibrillation, pacing, and cardioversion
 - o

- Successful completion of comprehensive patient care simulations / education on an annual basis with the Medical Director; this session may be used to verify competency in the above skills

Interpersonal and Behavioral:

- Establishes credibility with other emergency providers
- Makes favorable impressions and quickly develops rapport with others
- Demonstrates effective oral and written communication

Clinical:

- Demonstrates ability to coordinate patient care and control an emergency scene
- Demonstrates high clinical abilities and treatment strategies

Physical and Sensory Demands:

- **Emergency Vehicle Driving** - Operates an emergency vehicle at rapid speeds, during congested traffic, while encountering frequent distractions, such as radio usage, warning lights and sirens.
- **Hostile Encounters** - Exposed to verbal and physical abuse, while dealing with patients and bystanders. Participates in patient restraint and personal protection.
- **Victim Rescue** - Enters damaged and unprotected motor vehicles, hazardous material environments, biohazard situations, and other hazardous environments to physically remove victims in imminent danger and/or to provide emergency care.
- **Carries Patients / Performs Heavy Lifting** - Carries one half of a patient and ambulance stretcher, or other similar weight objects, up or down, multiple flights of stairs, while assuring balance, personal, and patient safety. Approximately weight of personal carry lift 100 - 150 lb.
- **Functions in Restrictive Breathing Atmosphere** - Performs strenuous activities while wearing N95 type mask for prolonged periods of time.
- **Operates in Dangerous Environments** - Operates in unpredictable, and frequently dangerous environments. Greater than normal potential for threat and/or personal injury

Examples:

- o Operates around running helicopters, heavy equipment, and machinery.
- o Operates at height; bridges, girders, elevated platforms etc.
- o Operates over, around, and in water.
- o Operates on foot in and around heavy traffic.
- o Climb ladders and stairs.
- **Subject To Personal Injury** - Subject to lacerations, punctures, contusions, strains, sprains, fractures, and other bleeding injuries.

Working Conditions:

- Exposed to extremes of temperature, humidity, and inclement weather
- Exposed to electromechanical hazards
- Exposed to infections and contagious disease
- Exposed to loud noise stimulus
- Exposed to bright and flashing light stimulus
- Exposed to blood and body fluid or tissues
- Subject to long, irregular work hours
- Subject to periods of frequently disturbed sleep
- Subject to injury from distraction from excessive environmental stimulus