

# BRUCE-ROMEO FIRE DEPARTMENT

Proud Heritage ~ Planned Future

223 East Gates Street  
Romeo, Michigan 48065  
B (586) 752-2520 F (586) 752-3024  
Email: [btfd@brucetwp.org](mailto:btfd@brucetwp.org)



David Witgen, Chief  
[dwitgen@brucetwp.org](mailto:dwitgen@brucetwp.org)

## Application for Paid on Call Firefighter

The Bruce-Romeo Fire Department is a combination Fire Department. We are a dedicated group of firefighters with the common goal of providing the best services possible to the residence of the Bruce Township and the Village of Romeo and all who pass through it. You must evaluate your commitment to this goal and this organization, as it will be a commitment of sacrifice and dedication.

If you are joining this organization simply to 'hang out' or for something to do then you need to seriously reconsider filling out this application. This is not a hobby or a social club, we are a full-service fire and EMS organization. Firefighting and Emergency Medical Service dangerous jobs and require extensive training and commitment. When a request for assistance is paged, you must be committed to responding and completing the task at hand. **We are on call on every hour of the day and every day of the year - no matter what - and you are expected to be there!** But you cannot do this with out being properly trained. In order to work well together we all need to train together and your attendance at these trainings will allow you to get 'up to speed' quickly. If accepted to this department, you will be placed on a one year probationary period, during which time your attendance, participation and progress will be monitored by members and officers of the Department. If you do not meet the standard requirements for this Department after that period then your probation will be extended or you may be asked to resign.

Our wish is for you to join the Bruce-Romeo Fire Department, but we will demand your dedication and commitment. Our members are proud of this organization and work hard to maintain its image and improve its performance. We will do everything in our power to provide you with the knowledge, tools and equipment to succeed in this organization. All you need is the dedication, commitment and willingness to serve your community.

Sincerely,

*David Witgen*

David Witgen  
Fire Chief

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Dear Applicant:

Attached is your application for the position of Probationary Paid on Call Fire Fighter for the Bruce-Romeo Fire Department. Please check to assure that you have received the application form, and information authorization form.

## CANDIDATE'S CHECKLIST

The following five (5) items must be returned to the Bruce-Romeo Fire Department before your application will be put on file for review.

1. Application Form (Completed in Applicants Handwriting)
2. Signed Waiver/Release of Liability
3. Signed Release of Information Authorization
4. A copy of your High School diploma or GED and any secondary education degree and/or other certifications or licenses (EMT License, Paramedic License, etc) that apply
5. A photocopy of your Michigan Driver's License and Current Automobile Insurance Card

A certificate of physical fitness will be completed by a facility determined by the Fire Department, at no cost to the applicant, after the applicant is accepted to the department. Passing of physical is requirement of employment.

Any falsification of information on any portion of the application may            automatically disqualify you from becoming a paid on call candidate. It is your responsibility to notify the Department of any change in address and/or phone number.

**Bruce-Romeo Fire Department**  
Application for Paid on Call Firefighter

Full Name \_\_\_\_\_

Address \_\_\_\_\_ apt # \_\_\_\_\_ How Long? \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

DL # \_\_\_\_\_ Class \_\_\_\_\_ SS # \_\_\_\_\_

Auto Insurance Company / Phone # \_\_\_\_\_

Have you ever been a member of a Fire Department before? \_\_\_\_\_

Where? \_\_\_\_\_

List any fire related and/or medical training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give three references, not related to you, which you have known for at least 3 years,  
and their telephone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Employers – current and past, for the past three years**

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

a misdemeanor? \_\_\_\_\_

received a moving traffic violation? \_\_\_\_\_

Firefighting is physically and mentally demanding work. A firefighter shall...

- After properly trained; perform tasks including, but not limited to,
  - lay, connect and advance hose
  - hold nozzles and direct hose streams
  - raise and climb ladders
  - use bars, hooks, lines, and other equipment weighing as much as, but not limited to 75 pounds
  - perform various rescue operations
  - perform salvage / overhaul operations, such as, placing salvage covers and removing water and debris
  - participate in a variety of public relations activities including: presentations at schools, participation in parades and demonstrations of equipment when required
  - drive and operate various fire apparatus
  
- Endure strenuous work for substantial periods of time in full turn out gear and self contained breathing apparatus (weighing approximately 75 pounds.)
  
- Be able work for extended periods of time exposed to the elements day or night throughout the year.

Do you know of any reason you could not perform the essential functions of a firefighter as described above, with or with out reasonable accommodation?

- Yes If yes please explain: \_\_\_\_\_
- No

I am aware that to be employed as a Paid-on-Call Fighter with the Bruce-Romeo Fire Department I must reside within 5 miles of the border of Bruce Township or the Village of Romeo upon my date of hire and maintain residence within the 5 mile border of the Township or Village during my employment. Further, I am aware, that if accepted to the Bruce-Romeo Fire Department, I must abide by the rules and regulations set forth by the Department and that a violation of said rules and regulations will be grounds for my dismissal. I acknowledge that the information that I have provided is true and accurate and that any information found to be inaccurate shall be considered sufficient grounds for dismissal. It is my responsibility to notify the Department of any address or phone number change for notification purposes.

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Signature and Date

# Bruce-Romeo Fire Department Applicant Release Form

I, \_\_\_\_\_, presently residing at \_\_\_\_\_  
\_\_\_\_\_ hereby apply for membership/employment  
with the \_\_\_\_\_ Department. I have been advised and am fully aware  
that a representative of the department will be conducting a thorough investigation of  
my background to assist in determining my suitability for this employment. I realize  
that while conducting this background investigation, representatives will be making  
inquiries of the following personal institutions: Officials and Records Offices at schools  
which I have attended; Physicians and/or other persons who may have examined or  
treated me for any physical or other type illness or injury; Police and/or Court Records  
with whom I may have an arrest or conviction record; Credit Bureaus and/or firms  
who may have information regarding my credit history, employment history, and/or  
financial standing; present and previous employers; and any other persons who may  
be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information  
about me to release same to the Department. I hereby waive any privileged or right  
which might otherwise forbid any physician, or other person who has attended me or  
any other school official, court, policy agency, credit bureau, employer, firm or person,  
from disclosing to the department any knowledge or information they have concerning  
me. I further consent that the Chief of the Department or his/her representative be  
provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Department or it's designee to perform a test of my  
blood and/or urine to determine my possible usage of illegal/prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all sources as  
confidential, and withhold from me and/or my agent the names of such confidential  
sources and information obtained therefrom.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date