



EMPLOYEE APPLICATION

Borough of Bogota

375 Larch Avenue, Bogota, NJ 07603

201-342-1736 www.bogotaonline.org

OFFICIAL USE ONLY – REQ'D DOCUMENTS

(Print Name & Initials)

Inspected by _____

Date:

Driver's License Y/N N/A

TYPE: _____ STATE: _____ EXP: _____

H.S. Diploma Y/N N/A

COLLEGE Degree Y/N N/A

Police Clearance Y/N N/A

APPLICATION # : Y/N N/A

POSITION APPLIED FOR:

NAME: LAST	MIDDLE	FIRST	SOCIAL SECURITY NO.		
MAILING ADDRESS: HOME NUMBER OR P.O.BOX			CITY	STATE	ZIP CODE
CONTACT INFORMATION: HOME		CELL	E-MAIL		

EMPLOYMENT ELIGIBILITY

Are you a N.J. resident? Y / N	Are you related to any elected official currently serving the town? Y / N If Yes, please specify the relationship and the name of the official: _____
Are you of legal age to work? Y / N	
Do you hold a valid New Jersey Driver's License? Y / N	Do you have any immediate family members currently employed by the town? Y / N If Yes, please provide their names and your relationship to them: _____
Driver's License Classification(s):	
You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.	Has your driving privilege been revoked/suspended due to a Violation under NJS Title 30, or similar motor vehicle statute in another state? Y / N If Yes, Explain: _____

EDUCATION

High School: _____ City/State: _____	GRADUATE? Y / N FROM: _____ TO: _____ DIPLOMA: _____
COLLEGE: _____ City/State: _____	GRADUATE? Y / N FROM: _____ TO: _____ DIPLOMA: _____

EMPLOYMENT STATUS

Current Employer: _____ **May We Contact Current Employer?** _____

What Date Are You Available to Start? _____



EMPLOYEE HISTORY

Please fill out the **EMPLOYEE APPLICATION** before filling out the employee history sheet. Please provide the most recent and relevant work or volunteer experience for the position you are applying. If attaching a resume **DO NOT** put "see resume" and fill out the sheet in its entirety.

EMPLOYER		FROM	TO
BUSINESS ADDRESS		CITY	STATE
IMMEDIATE SUPERVISOR/TITLE			
POSITION	DETAILS		

EMPLOYER		FROM	TO
BUSINESS ADDRESS		CITY	STATE
IMMEDIATE SUPERVISOR/TITLE			
POSITION	DETAILS		

EMPLOYER		FROM	TO
BUSINESS ADDRESS		CITY	STATE
IMMEDIATE SUPERVISOR/TITLE			
POSITION	DETAILS		

EMPLOYER		FROM	TO
BUSINESS ADDRESS		CITY	STATE
IMMEDIATE SUPERVISOR/TITLE			
POSITION	DETAILS		

Borough of Bergen
Police Department
375 Larch Ave (Broad Street)
Bogota, New Jersey 07621



Phone
(201) 487-2400
E-Mail
info@bogotapolice.org

Daniel Maye
Chief of Police

AUTHORIZATION TO RELEASE INFORMATION (Borough of Bogota)

To Whom It May Concern:

I hereby authorize the Bogota Police Department to conduct a criminal and DMV background check as part of my application for employment to the Borough of Bogota.

I hereby authorize any Police Officer of the Bogota Police Department, bearing this release or copy of this release, to obtain any copies of information in your files pertaining to any criminal arrests or convictions, disorderly persons or petty disorderly offenses on file, juvenile delinquency records, (formal or informal), including juvenile contacts, with the Police, and any violations of any motor vehicle laws including validity of driver's license. Consent is also given to the Bogota Police Department to fingerprint the undersigned applicant, if requested, and to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as custodian of records, including its officers, employees both individually and collectively from any and all liability for damages because of compliance with authorization. I request you to release information or attempt to comply with it.

I understand that this information is to be kept **confidential** and is only to be used of a background check for my application to the **Borough of Bogota**.

This release shall expire one year from the date of signing unless revoked sooner by the undersigned.

Name (print)	Date of Birth
Signature	S.S.#:
Address:	
Phone #:	Date

Sworn and subscribed before me this _____ day of _____, 20 _____

Notary Public, State of New Jersey

My commission expiration date: _____



BOROUGH OF BOGOTA

CAREER APPLICANT PEDIGREE INFORMATION

LAST NAME		FIRST		MIDDLE	
CURRENT ADDRESS					
DATE OF BIRTH		AGE		SEX	
PLACE OF BIRTH CITY		HEIGHT		RACE	
STATE		EYE COLOR		WEIGHT	
HAIR COLOR		SCARS, MARKS, TATTOOS			
SOCIAL SECURITY #			HOME PHONE #		
DRIVER'S LICENSE #					
EMPLOYER					
EMPLOYER ADDRESS					
OCCUPATION					
APPLICANTS SIGNATURE				DATE	

Fore Dept. Use Only, Leave Blank
Case #