

*Mayor*  
 CHRISTOPHER KELEMEN  
*Council President*  
 CONSUELO CARPENTER  
*Council*  
 JO-ELLEN GRANQUIST  
 PATRICK McHALE  
 JOHN MITCHELL  
 MARY ELLEN MURPHY  
 ROBERT ROBBINS



*Borough Administrator*  
 EDWARD E. HYNES  
*Borough Clerk*  
 YENLYS FLORES-BOLIVARD

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Start Date: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you available to work:
 

FULL -TIME	<input type="checkbox"/>
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PART-TIME	<input type="checkbox"/>
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SEASONAL/TEMPORARY	<input type="checkbox"/>
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Are you currently employed?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

May we contact your current employer?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

May we contact you at work?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you possess a current driver's license?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you possess a current CDL?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Please list any/all certifications: \_\_\_\_\_

If you are under eighteen (18) years of age, can you provide proof of eligibility to work?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Are you legally eligible to work in the United States?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 If no, are you authorized to work in the U.S.?
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

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Employment is conditional upon the results of a criminal background check. An answer of "YES" may disqualify you from employment depending upon circumstances involved. If "YES", please explain:

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**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Languages, Skills, Information**

Languages:

English YES  NO  Other: \_\_\_\_\_

*Special Skills/Experience:* State any special skills, experience, training, licenses, certifications or other factors that make you especially qualifies for the position for which you are applying:

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*Comments/Additions Information:* Is there any information about you we should consider?

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**Employment History**

This sections must be completed even if you attach a resume. List your last four employers, major assignment within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked as "comments".

1.

Employer: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street City State  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Comments: \_\_\_\_\_

2.

Employer: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street City State  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

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Comments: \_\_\_\_\_

3.

Employer: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street City State  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Comments: \_\_\_\_\_

4.

Employer: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street City State  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Comments: \_\_\_\_\_

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

**Voluntary Affirmative Action Information**

*You are not required to provide this information. Provide only if you wish.  
 If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program.*

Applicant Information:

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for: \_\_\_\_\_

How did you learn about this position?
 Advertisement 
 Employment Agency 
 Friend 
 Relative 
 Walk-in

Other: \_\_\_\_\_

Gender:
 Male 
 Female

**References**

*Please list three professional references. They should not be relatives or former supervisors.*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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**Understanding and Agreements**

As an applicant for a position with the Borough of Bogota I understand and agree that I must provide truthful and accurate information on this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the Borough of Bogota later discovers that information on this form was incomplete, untrue or inaccurate. I give the Borough of Bogota the right to investigate the information I have provided, talk with former employees (except where I have indicated they may not be contacted). I give the Borough of Bogota the right to secure additional job-related information about me. I release the Borough of and its representatives from all liability for seeking such information. I understand that the Borough is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Bogota will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that if employed, I may resign at any time and that the Borough of Bogota may terminate me at any time in accordance with established policies and procedures. No representatives of the Borough of Bogota may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, and or psychological tests. I also understand that all positions involve a complete background check and criminal checks.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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The Borough of Bogota is an equal opportunity employer.

To Whom It May Concern: \_\_\_\_\_ IRF: \_\_\_\_\_  
(Official Use Only)

I, \_\_\_\_\_, am making application to the Borough of Bogota for a position with  
(Name)  
the \_\_\_\_\_. As a result, an Investigation is being conducted to determine my eligibility.  
(Department)

I hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Bogota Police Department, Bogota Mayor and Council, Bogota Borough Administrator, and Bogota Attorney, whether the said records are public or private and also including any such records or information that may be deemed to be of a privileged or confidential nature. The intension of the authorization is to provide information which will be utilized for investigation resource material in determining my eligibility for the position.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any Federal, State, or Local Law.

A photo static copy of this authorization shall be considered as effective and valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Conditions of Employment

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to the Borough's personnel policy, all job applications are required to sign a consent form for drug testing and if the results are positive and are not accounted for by the legal use of prescription or non-prescription drugs, the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which type test positive.

***In order for your application to be considered you must sign and date below.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_