



It is the policy of Mercer Council on Alcoholism and Drug Addiction to provide equal employment opportunity without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

It is the intention of this agency to prevent engaging the services of individuals who have been accused of sexual abuse, molestation, physical abuse, neglect, and any other misconduct that would indicate potential threat towards any vulnerable population. All final job applicants that sign this document are providing permission to conduct a full background check. Job offers may be rescinded with impunity if there is any question related to a candidate's fitness resulting from the background check. Job offers may also be rescinded if there is a loss of funding for any reason as the organization is a non-profit that is dependent on grant funding.

Please also submit a resume with your work history and cover letter with this application to jobs@mercercouncil.org. You will need to submit copies of all official documents requested during the application and hiring process.

Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/Zip Code: _____

Number of years at this address: _____

Mobile Phone: _____

Other Phone: _____

Emergency Contact Information

Primary Contact Name: _____

Relationship to you: _____

Primary Contact Phone Number: _____

Primary Contact email: _____

Primary Contact Address: _____

Job Position Applied for: _____

Full or Part Time: _____

How did you hear about this position or who referred you? _____

Do you have any friends or relatives that work here? If yes, please list here: _____

Have you applied or worked at our agency previously? ____Yes ____No

If yes, when and in what capacity _____

Are you at least 18 years old ____Yes ____No

If hired, are you able to submit proof that you are legally eligible to work full or part time.

____Yes ____No

If you are offered employment, when would you be available to begin work? _____

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodations? ____Yes ____No

What reasonable accommodation, if any, would you request? _____

Applicant's Skills, Special Trainings, National/State/Board Professional Licensure(s), and Certification(s) (software proficiency, language skills etc.) Please include when appropriate your license/certificate number assigned, the years of experience, or level of knowledge.

Applicant's Education

College/University Name and Address: _____

Did you complete an undergraduate degree? ____Yes ____No

If yes, degree(s) conferred _____

Graduate/Vocational/Technical/Professional Degree or Certificate

Name and Address of institution or entity: _____

Did you complete the program? ____Yes ____No

Military Service: ____Yes ____No Please Indicate Branch _____ Specialized Training _____

References (list one professional and one non-relative reference for you)

Name: _____

Address: _____

Telephone: _____

Email address: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Email address: _____

Relationship: _____

Name and Contact Information of your most recent employer or supervisor

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Mercer Council on Alcoholism and Drug Addiction to contact former employers and educational organizations regarding my employment, attendance, and completion date. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Executive Director or Director of Operations, the employment relationship will be “at will” and since the State of New Jersey is an “at will” employment state, the employer will be able to terminate the employment relationship at any time and without cause. If during the process of the background check or at any time thereafter, there is any indication of a past or current history of sexual abuse, molestation, physical abuse, neglect, or other misconduct the contract of employment will be terminated with impunity.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date