



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 Job offers may be rescinded with impunity if there is any question related to a candidate's fitness resulting from the background check. Job offers may also be rescinded if there is a loss of funding for any reason as the organization is a non-profit that is dependent on grant funding.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](mailto:jobs@mercercouncil.org). You will need to submit copies of all official documents requested during the application and hiring process. For more information please visit [www.mercercouncil.org/careers](http://www.mercercouncil.org/careers)

### **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**

\_\_\_\_\_

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**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 anytime thereafter, there is any indication of a past or current history of sexual abuse, molestation, physical abuse, neglect, and/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.

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Applicant Signature

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Date

