



# APPLICATION FOR EMPLOYMENT

Mercer County Office of Personnel  
 McDade Administration Building  
 640 South Broad Street, PO Box 8068, Trenton, NJ 08650  
 Phone (609) 989-6676 Fax (609) 989-6535  
 Website: <http://www.mercercounty.org/>  
 E-Mail: [personnel@mercercounty.org](mailto:personnel@mercercounty.org)

Brian M. Hughes  
 County Executive

Raissa L. Walker  
 Director of Personnel

## APPLICANT INFORMATION

Full Name (Last Name, First Name, Middle Initial)		Social Security No.	
Permanent Home Address:		City/State:	Zip Code:
Mailing Address (If different from above)			
Home Phone Number:		Cell Phone Number:	
E-Mail Address:			

## POSITION INFORMATION

Position Applying For:	Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Salary Requirement:
Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for which department?	Please provide dates:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## QUESTIONNAIRE

1. Can you provide proof of citizenship or authorization to work in the U.S. upon employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever been discharged or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
3. Have you ever used any other name(s) different from the name listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list them:

## REFERRAL

How did you hear about us? (check all that apply)

County Website  
  Social Media (Facebook, Twitter, etc)  
  Employee: \_\_\_\_\_  
 Advertisement  
  NJ Civil Service Commission  
  Other: \_\_\_\_\_

**EDUCATION**

Name of High School:	City/State:	Dates Attended:	Major/Minor:	Degree:
Name of Community College:	City/State:	Dates Attended:	Major/Minor:	Degree:
Name of Technical/Training School:	City/State:	Dates Attended:	Major/Minor:	Degree:
Name of Undergraduate School:	City/State:	Dates Attended:	Major/Minor:	Degree:
Name of Graduate School:	City/State:	Dates Attended:	Major/Minor:	Degree:

**LICENSES/CERTIFICATIONS**

Name of License	Issuing Authority	License Number	Date Issued	Expiration Date

**DRIVER'S LICENSE**

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing State:	Driver's License Number:
Do you have a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing State:	Class    Endorsement <input type="checkbox"/> A <input type="checkbox"/> P - Passenger <input type="checkbox"/> T - Double & Triple Trailer <input type="checkbox"/> B <input type="checkbox"/> N - Tank Vehicle <input type="checkbox"/> S - School Bus <input type="checkbox"/> C <input type="checkbox"/> H - Hazardous

**SKILLS (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Typing (How many words per minute? <input type="text"/> ) <input type="checkbox"/> Multilingual: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Other skills not listed: <input type="checkbox"/> Web Design <input type="checkbox"/> Accounting	1. Language: <input type="text"/> <input type="checkbox"/> Read <input type="checkbox"/> Write 2. Language: <input type="text"/> <input type="checkbox"/> Read <input type="checkbox"/> Write
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**MILITARY BACKGROUND**

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Special Training:
Branch of Service	
Rank	Are you a surviving spouse or parent of a veteran? (Civil Service Veterans Preference May Apply) <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty	

**EMPLOYMENT HISTORY**

Employer No. 1

Employer Name:

Address:

Phone Number:

Job Title:

Duties/Responsibilities:

Dates of Employment:

Reason for Leaving:

May we contact this employer?

Employer No. 2

Employer Name:

Address:

Phone Number:

Job Title:

Duties/Responsibilities:

Dates of Employment:

Reason for Leaving:

May we contact this employer?

Employer No. 3

Employer Name:

Address:

Phone Number:

Job Title:

Duties/Responsibilities :

Dates of Employment:

Reason for Leaving:

May we contact this employer?

**REFERENCES**

Reference No. 1

Name:

Phone Number:

E-Mail Address :

Occupation /Title :

Reference No. 2

Name:

Phone Number:

E-Mail Address :

Occupation /Title :

Reference No. 3

Name:

Phone Number:

E-Mail Address :

Occupation /Title :

**BACKGROUND CHECKS**

The County of Mercer performs background checks on **all prospective employees**. A conviction will not automatically disqualify you from consideration for the position. Whether a conviction will disqualify an applicant depends on:

- (1) The nature and gravity of the offense;
- (2) The nature of the job being sought; and
- (3) The length of time since the conviction and/or completion of the sentence.

**During the interview phase, a false statement or omission will disqualify you from employment.**

**SUBSTANCE ABUSE POLICY**

The County of Mercer requires all offers of employment extended to applicants be conditioned on the applicant's ability to pass a pre-employment examination, which includes a drug screen. This shall also apply to transfer employees, former employees returning to County service via appeals, re-employment lists, and interim or temporary employees. Failure to pass pre-employment screening will result in withdrawal of a conditional offer of employment. Refusal to sign the appropriate release and consent forms for testing or failure to provide a valid specimen for testing will be regarded as a failed test, thereby rendering the applicant disqualified for employment. If an applicant has any questions regarding this Policy, additional information may be requested from the County of Mercer Personnel Department.

**APPLICANT'S SIGNATURE**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW:

- I certify that all of the information provided by me in connection with my application is true and complete.
- I understand that any misstatement, falsification or omission of information shall be grounds for disqualification for employment or if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- **I hereby authorize the County of Mercer to contact any of the persons or organizations referenced in this application. I authorize to give the County of Mercer all information concerning my previous employment, education, or any other pertinent information they might have with regard to any of the subjects covered by this application.**

Applicants Full Name (Typed)

Date

Applicant's Signature