

MERCER COUNTY BOARD OF SOCIAL SERVICES
AN EQUAL OPPORTUNITY EMPLOYER
PRE-EMPLOYMENT APPLICATION

Please answer all questions to have your application considered.

Please Print

.....
 Position Applied For Social Security Number

Name
 LAST FIRST MIDDLE

Address
 Street Address City State Zip Code

Employees must reside in Mercer County. Are you a resident of Mercer County? Yes NO

Have you ever been educated or worked under a different name? NO... YES..... (Specify).....

Home Telephone Number: Cell Telephone Number

Are you 18 or older? YES NO(If under 18 you will be required to submit working papers if offered employment.)

Are you a US Citizen? YES NO If not a citizen, what is your status?

Do you possess a valid New Jersey Drivers License? YES NO

License Identification Number: Expiration Date

EDUCATION

Circle the number of highest grade of school you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 (or GED)

College: 13 14 15 16 Graduate School 1 2 3 4

INSTITUTION AND LOCATION	CREDIT HOURS EARNED	GRADUATED YES/NO	DEGREE RECEIVED	MAJOR & MINOR FIELDS OF STUDY
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.....
 High School (Last attended)

.....
 College or University

.....
 College or University

.....
 Graduate School

.....
 Other Formal Training

Professional Licenses, Certifications or Registrations:

DESCRIPTION	STATE	REGISTRATION NUMBER
.....
.....

List any additional skills, talents and/or abilities

What languages, other than English do you speak, read and/or write?
(It is not necessary to answer unless it is a requirement for the position you are applying for as indicated in the job specifications for the title)

Can you safely perform essential job related functions of the position for which you are applying? YES NO

EMPLOYMENT HISTORY: List your work experience beginning with the most recent job held. If you held more than one position with the same employer, list each separately. Include any experience in the United States Military Service which is pertinent to the position you are applying for and any self employed firms. Attach supplemental sheets if necessary.

Name of Employer Telephone Number
Address of Employer
Name and Title of Immediate Supervisor
Position or title
Dates of Employment – From To.....
Full Time.... Part Time Final Annual Salary **May we contact this employer?** YES NO
Reason for Leaving
Description of Duties:

Name of Employer Telephone Number
Address of Employer
Name and Title of Immediate Supervisor
Position or title
Dates of Employment – From To.....
Full Time.... Part Time Final Annual Salary **May we contact this employer?** YES NO
Reason for Leaving
Description of Duties:

Name of Employer Telephone Number
Address of Employer
Name and Title of Immediate Supervisor
Position or title
Dates of Employment – From To.....
Full Time.... Part Time Final Annual Salary **May we contact this employer?** YES NO
Reason for Leaving
Description of Duties:

REFERENCES: List three people not related to you whom we may contact for information concerning your application.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Occupation</u>
.....
.....
.....

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR DISMISSAL FROM TEMPORARY, PROVISIONAL OR PERMANENT APPOINTMENT.

.....
SIGNATURE DATE

THE FOLLOWING QUESTIONS WILL BE USED **ONLY** FOR COMPLYING WITH APPLICATION RECORD KEEPING REQUIREMENTS OF THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION AND THE NEW JERSEY STATE AFFIRMATIVE ACTION PROGRAM. THIS INFORMATION WILL BE SEPARATED FROM THE APPLICATION BEFORE CIRCULATION FOR REVIEW OF YOUR QUALIFICATIONS.

1. Date of Birth: 2. Sex: Male Female

3. Race/ethnicity:

..... White (Non-Hispanic)

..... Black (Non-Hispanic)

..... Hispanic

..... American Indian or Alaskan Native

..... Asian or Pacific Islander