



County of San Bernardino
Human Resources Department

REQUALIFICATION REQUEST

This form must be accompanied by a completed application for County employment.
A supplemental application may also be required.

REQUEST FOR REQUALIFICATION MAY BE ACCEPTED UP TO FIVE YEARS FROM DATE OF TERMINATION.

If your request is approved, your name will remain on the eligible list for 12 months.

Evaluation of your request will be based on information from the department by which you were employed at the time of termination. This information includes a performance rating and record of sick leave usage.

COMPLETE ALL INFORMATION BELOW

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

Employee No: \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_

Address: \_\_\_\_\_
(Include city, state and zip code)

Home Phone: \_\_\_\_\_ Business/Message Phone: \_\_\_\_\_

I herewith submit my request for reemployment with the County of San Bernardino to the following classifications in which I held regular status:

\_\_\_\_\_

I was employed by the County of San Bernardino as follows:

Table with 4 columns: From (date), To (date), Classification, Department. Contains four rows of employment history.

My reason for leaving County of San Bernardino employment was: \_\_\_\_\_

My reason(s) for wishing to return to County service are: \_\_\_\_\_

Certificate of Applicant: I certify that all statements made in this form are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification of dismissal.

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

Employment Use Only

Date Placed on List: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_ Operator Initials: \_\_\_\_\_

Cannot Be Placed On List-Reason: \_\_\_\_\_

Submit Request to:

San Bernardino County
Human Resources Department

157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
Interoffice Mail Code: 0440



# County of San Bernardino

## REQUALIFICATION APPLICATION

Department of Human Resources

24-Hour Job Hotline: (909) 387-5611

[www.sbcounty.gov/hr](http://www.sbcounty.gov/hr)

*You are encouraged to apply online.*

**FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THE EXAMINATION PROCESS.**

Announcement Number			Job Title for which you are applying. <b>(Apply for only one job per application.)</b>		
Last Name	First Name	MI	Month/Day of Birth: MM: /DD:	Last Name at Birth	
List any other names you have ever used			I prefer Human Resources notify me by: (select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Paper		
Mailing Address	Apt #	City	State	Zip Code	
Primary Phone	Alternate Phone	E-Mail Address			

**WORK AVAILABILITY:** Indicate the type of appointment you will accept.  Full-Time  Part-Time  Temporary or Extra-Help

**WORK SHIFT:** Indicate your availability for the following shifts. Refusing a shift you have selected will result in removal from the list.  
 Day  Swing  Night  Rotating  Weekend

**WORK LOCATION:** Indicate all locations where you are willing to accept employment. Refusing a job offer, if you check its location below, will result in removal from the list.

WEST END	VALLEY	LOWER DESERT	UPPER DESERT	MOUNTAINS
<input type="checkbox"/> Ontario/Chino	<input type="checkbox"/> San Bernardino/Colton	<input type="checkbox"/> 29 Palms	<input type="checkbox"/> Victorville/Hesperia	<input type="checkbox"/> Crestline
<input type="checkbox"/> Rancho Cucamonga	<input type="checkbox"/> Fontana/Rialto	<input type="checkbox"/> Joshua Tree/Yucca Valley	<input type="checkbox"/> Barstow	<input type="checkbox"/> Running Springs
	<input type="checkbox"/> Redlands/Yucaipa/ Loma Linda		<input type="checkbox"/> Needles	<input type="checkbox"/> Big Bear
				<input type="checkbox"/> Lake Arrowhead/Blue Jay/ Twin Peaks

**BILINGUAL SKILLS:** List any languages other than English in which you are fluent. \_\_\_\_\_  Write  Speak

**CONVICTIONS:** Pursuant to California Labor Code sections 432.7 through 432.9, upon meeting the minimum qualifications for any position, applicants may be required to provide information about their criminal conviction history as an adult (age 18 and older). Such conviction information includes misdemeanor or felony convictions, guilty or no contest pleas, and findings of guilt regardless of whether sentence is imposed by the court. (Exclude misdemeanor marijuana-related offenses over two years old pursuant to California Labor Code 432.8.). Convictions are evaluated for each position and are not necessarily disqualifying.

I understand that if I have been determined to meet the minimum qualifications for any position, I may be required to provide information regarding my criminal conviction history since the age of 18 upon request.

Yes  No

**Veterans' Preference Points:** Eligible veterans and the spouses or widows(ers) of veterans *who are not currently County employees* may be awarded additional points. To claim Veterans' Preference, you **must** select one of the options below and submit the required documentation **within 48 hours** of application. To be given credit, you must include your name and recruitment title on each document. For additional information, refer to the County's Veterans' Preference Policy.

- None-I am not an eligible veteran.
- I am a **veteran** requesting 5 points and will submit a copy of my DD214 or V.A. letter.
- I am a **disabled veteran** requesting 10 points and will submit a copy of my DD214 and evidence of disability (i.e., V.A. letter indicating percentage of disability).
- I am the **spouse of a disabled veteran** requesting 5 points and will submit a copy of my spouse's DD214 and evidence of disability (i.e., V.A. letter indicating percentage of disability).
- I am the **widow(er) of a veteran** requesting 5 points and understand that I must submit a copy of the DD1300.

**Are you a current County of San Bernardino employee?** (Excludes individuals on assignment through temporary agencies)  Yes  No If so, list your current job title, department, and Employee ID: Current Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Employee ID: \_\_\_\_\_ **You must include your current County job in the work history section of this application.**

**How did you learn about this position?**  San Bernardino County website  Referred by other County employee: \_\_\_\_\_  
 Job Fair: \_\_\_\_\_  Newspaper/Journal: \_\_\_\_\_  Website: \_\_\_\_\_  Other: \_\_\_\_\_

**IF YOU NEED SPECIAL TESTING ARRANGEMENTS DUE TO A DISABILITY, YOU MUST COMPLETE A SPECIAL TESTING ACCOMMODATION REQUEST FORM BY THE FILING DEADLINE. CALL (909) 387-8304 or 711 FOR TTY USERS, FOR ASSISTANCE.**

**CERTIFICATE OF APPLICANT:** I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I have completed all sections of the application and supplemental application. I understand that I cannot change or amend any information related to my qualifications for this position once my application has been submitted. I may only change information regarding personal or contact information or job availability preferences.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**- REVERSE SIDE MUST BE COMPLETED -**

**Human Resources Employment Division - San Bernardino**  
 157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440  
 (909) 387-8304 • California Relay Service: 711 (FOR TTY USERS)

Please visit our website: [www.sbcounty.gov/hr](http://www.sbcounty.gov/hr).

**EEO/ADA Compliant Employer**

### SAN BERNARDINO COUNTY HUMAN RESOURCES

Completion of this section is optional; the information provided will only be used for statistical purposes. It will be detached and not used to make any decisions that affect you.

Position applied for: \_\_\_\_\_

**Gender:**  Male  Female **Age Group:**  Under 40  40 or over

**Race/Ethnic Category**

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or more of the above categories**

**EXPERIENCE:** Provide a complete employment history; list your **current or most recent job first**. If additional space is needed, attach a sheet of paper and provide all information as requested on this application. Do not refer to a résumé. Only those jobs listed will be considered in determining your eligibility. List each job title separately, even if the employer is the same. Incomplete information will result in disqualification.

From (Mo/Day/Yr)	Title of Your Most Recent Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street		City	State
Reason for Leaving				
Hours Worked Per Week	Description of Duties			
				<i>FOR OFFICE USE</i>

From (Mo/Day/Yr)	Title of Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street		City	State
Reason for Leaving				
Hours Worked Per Week	Description of Duties			
				<i>FOR OFFICE USE</i>

From (Mo/Day/Yr)	Title of Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street		City	State
Reason for Leaving				
Hours Worked Per Week	Description of Duties			
				<i>FOR OFFICE USE</i>

**EDUCATION:** (If Job Announcement requires coursework in specific areas, attach a list of applicable completed courses.)

College or University (City, State)	Major/Minor	Type of Degree (Associate's, Bachelor's)	Units Completed	
			Semester	Quarter
		Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**LICENSES/CERTIFICATIONS:** Use this space to list license or certificate number and expiration date; other courses, training or education specifically required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NOTE: If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, contact the Equal Employment Opportunity Office, 157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440, phone: (909) 387-5582 (do not call this number for general employment or job application information). For employment information call: (909) 387-8304.*

**Thank you for your interest in employment with the County of San Bernardino, The Employer of Choice!**

**Applications are accepted only for jobs that are in the open recruitment process.** Your application must be filed in the Employment Division office by the closing date listed on the job announcement. A separate application must be submitted for each position, unless otherwise indicated on the announcement. It is the applicant's responsibility to obtain and read the announcement. The Human Resources Director may specify the maximum number of eligible candidates to be processed at each step of the exam process. You may not reapply for the same job for six (6) months.

**Please note that we are unable to provide photocopies of applications, résumés or other materials.** ONLY those materials specifically requested by this office will be retained; all others will be discarded.