

**County of San Bernardino
Fire and Special Districts
EMPLOYMENT APPLICATION**

Department of Human Resources
24-Hour Job Hotline: (909) 387-5611
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. (Apply for only one job per application.)		
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. <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary or Extra-Help				
WORK SHIFT: Indicate your availability for the following. Refusing a shift you have selected will result in removal from the list. <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> 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. _____ <input type="checkbox"/> Write <input type="checkbox"/> Speak				
CONVICTIONS: You must complete this section to be considered for a job. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying. As an adult (age 18), have you ever been convicted, or pled guilty or no contest, to a misdemeanor or felony (exclude misdemeanor marijuana-related offenses over two years old pursuant to Labor Code 432.8)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date and location of conviction/plea: _____		Penal Code Number (section required): _____		
Explanation: _____				
Veterans' Preference Points: Eligible veterans and the spouses or widows(ers) of veterans <i>who are not currently County employees</i> 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.				
<input type="checkbox"/> None-I am not an eligible veteran.				
<input type="checkbox"/> I am a veteran requesting <u>5 points</u> and will submit a copy of my DD214 or V.A. letter.				
<input type="checkbox"/> I am a disabled veteran requesting <u>10 points</u> and will submit a copy of my DD214 and evidence of disability (i.e. V.A. letter indicating percentage of disability).				
<input type="checkbox"/> I am the spouse of a disabled veteran requesting <u>5 points</u> and will submit a copy of my spouse's DD214 and evidence of disability (i.e. V.A. letter indicating percentage of disability).				
<input type="checkbox"/> I am the widow(er) of a veteran requesting <u>5 points</u> and understand that I must submit a copy of the DD1300.				
Are you a current County of San Bernardino Fire or Special Districts employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so list your current job title and Department: _____ Employee ID: _____				
You must include your current District job in the work history section of this application.				
How did you learn about this position? <input type="checkbox"/> San Bernardino County website <input type="checkbox"/> Referred by other District employee: _____				
<input type="checkbox"/> Job Fair: _____ <input type="checkbox"/> Newspaper/Journal: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> 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, 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 the minimum requirements 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 -

03-14699-104 Rev. 2/14



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 websites: www.sbcfire.org -and- www.specialdistricts.org



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 (Check one or more that apply)

- | | |
|--|--|
| <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> | <p><input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> |
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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	
		Degree Completed	Semester	Quarter
		<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 Human Resources Department, 157 West Fifth Street, Second Floor, San Bernardino, CA 92415-0440, phone: (909) 387-5956 (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 Fire and Special Districts Department!

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.



SAN BERNARDINO COUNTY FIRE DEPARTMENT

Firefighter Trainee Supplemental Questionnaire

1. Please indicate which of the following certifications you possess:

- Paramedic
- Emergency Medical Technician
- None of the above

2. Have you successfully completed the Biddle Physical Ability Test and obtained a certificate dated July 1, 2013 or later?

- Yes
- No

3. Do you possess a valid Driver License?

- Yes
- No

4. Have you received a High School Diploma or equivalent?

- Yes
- No

5. Are you 18 years old or older?

- Yes
- No