



County of San Bernardino Employment Application

Department of Human Resources

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

www.sbcounty.gov/hr

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 (one title per application)		
Last Name	First Name	MI	Month/Day of Birth MM: /DD:	Last Name at Birth
List any other names used:				Do you possess a CA Driver's License? O Yes O No
Mailing Address	Apt #	City	State	Zip Code
Home Phone	Alternate Phone		E-Mail Address	

Notification Preference: (select one) E-mail Paper

WORK AVAILABILITY: Indicate the type of appointment you will accept.

Type: O Full-Time O Part-Time O Temporary or Extra-Help
 Shift: O Day O Swing O Rotating Shifts O Weekends O Night

WORK LOCATION: 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
O Ontario/Chino	O San Bernardino/Colton	O 29 Palms	O Victorville/Hesperia	O Crestline
O Rancho Springs Cucamonga	O Fontana	O Joshua Tree/Yucca Valley	O Barstow	O Running
	O Redlands/Yucaipa		O Needles	O Big Bear
				O Lake Arrowhead/Blue

BILINGUAL SKILLS: List any languages other than English in which you are fluent. _____ O Write O 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? O Yes O No

Date and location of _____ Penal Code Number (section required): _____ conviction
Explanation: _____

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 by the application deadline. Please clearly indicate your name and the 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 the **spouse of a disabled veteran** requesting 5 points and will submit a copy of my spouses 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
- 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)

Are you a current County of San Bernardino employee in a regular position? (Excludes employees serving in a public service (PSE), temporary, extra help, intern, contract and/or recurrent County position) O Yes O No If so, for which department: _____ Employee ID: _____

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

IF YOU NEED SPECIAL TESTING ARRANGEMENTS DUE TO A DISABILITY, CALL (909) 387-8304, 711 FOR TTY USERS.

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 have provided a full description of my duties and responsibilities for each employer listed. 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 my personal or contact information or my job availability preferences.

Name (Please print)

Signature

Date

- REVERSE SIDE MUST BE COMPLETED -

Human Resources Employment Division - San Bernardino
157 W. 5th St., First Floor, San Bernardino, CA 92415-0440
(909) 387-8304 - California Relay Service: 711 (FOR TTY USERS)

SAN BERNARDINO COUNTY HUMAN RESOURCES

Please complete this information for statistical purposes. It will be detached and not used to make any decisions that affect you.

Position applied for: _____
Sex: O Male O Female Age Group: O Under 40 O 40 or over

Race/Ethnic Category:

- O **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- O **Black (not of Hispanic origin):** All persons having origins in any of the black racial groups.
- O **American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America.
- O **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- O **Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

EXPERIENCE: Provide a complete employment history beginning with your current or most recent job . **If additional space is needed, attach a sheet of paper. 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	Salary	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	Salary	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	Salary	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="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No		

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

ADDITIONAL INFORMATION: _____

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.

If you prefer to apply online, please visit our website: www.sbcounty.gov/hr.

**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.

6. **TELEPHONE EXPERIENCE:** *Briefly* describe your experience answering a high volume of calls. Indicate if calls were received via a centralized call center system, switchboard, or multi-line phone system. Specify the total number of calls per day. List employer and dates of employment.

7. **DATA PROCESSING:** *Briefly* describe your experience involving very high volume, continuous data entry. Include keystrokes per day and the use of any imaging tools (specify software used). Please list employer and dates of employment.

Print Name: _____ *Date:* ____/____/____

Signature: _____