

CHANGE OF INFORMATION REQUEST

COMPLETE ALL INFORMATION BELOW

Title of position(s) to be updated:		
Name:	Former Last Name:	Month/Day of Birth:/
Address:	City, Zip C	Code:
Home Phone: ()	Business/Messag	je Phone: ()
Email Address:	No	tification Preference: 🗌 Email 🗌 Paper
employment type, area and shift for which list if you decline an interview, refuse to a the eligible list for these reasons WILL	h you are <u>SURE you are able or willing to v</u> accept a job offer, or fail to keep an appoir	name will be referred. Check (v) only those boxes for work. Your name may be <u>REMOVED</u> from the eligible ntment for an interview. Those who are removed from s substantial evidence is provided demonstrating that ed illness, etc.).
INDICATE THE TYPE OF APPOINTMENT YOU WI	ILL ACCEPT:	
Full-Time Regular (40 hours)	Temporary or Extra-Help	Part-Time (Less than 40 hours)
INDICATE THE FOLLOWING GEOGRAPHIC ARE	AS WHERE YOU WILL WORK:	
Ontario/Chino San Bernardino/Col Rancho Cucamonga Fontana Redlands/Yucaipa/I	Joshua Tree/Yucca Valley	torville/Hesperia Crestline Big Bear rstow Lake Arrowhead/ Running Springs edles Blue Jay/Twin Peaks
INDICATE YOUR AVAILABILITY FOR THE FOLL Day Shift Rotating Shifts	OWING: Swing Shift	Night Shift
Signature:		Date:
Email, fax or return to the Hun	nan Resources Office located	at:
175 West Fifth Street, 1st Floor San Bernardino, CA 92415-0440 (909) 387-8304		
Email: employment@hr.sbcounty.g Fax: 909-387-5819	ĵov	
OFFICIAL USE ONLY:		
Date list amended: 0	Comments:	
Initials:		