



EMPLOYMENT APPLICATION

PLEASE COMPLETE ALL ITEMS ON THIS APPLICATION. AN INCOMPLETE OR INACCURATE APPLICATION MAY RESULT IN YOUR ELIMINATION FROM THE EXAMINATION PROCESS.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____ Position for which you are applying: _____

PERSONAL INFORMATION

Name (Last), (First) (M.I.)

E-Mail Address

Present Address (Street or PO Box, City, State and Zip Code)

Phone Numbers (cell)
(work)
(home)

Relatives employed by SBCERA, if any (Name/Relationship/Department)

If hired, can you provide proof of having a valid California Driver License? ____ Yes ____ No

Any other names used?

How did you learn about this position?

If hired, on what date can you start work?

Monthly Salary Desired \$

EDUCATION

College or University (City, State)	Major/Minor	Type of Degree	Degree Completed? (Yes or No)	No. Units Completed	Quarter or Semester

List any licenses, certifications, special skills, training, or awards.

EMPLOYMENT HISTORY

List employment history including, at a minimum, all work history relevant to the position for which you are applying, beginning with your current or most recent job. If additional space is needed, attach a sheet of paper. Do not refer to a resume. Only those jobs listed on this application will be considered in determining your eligibility. List each job separately, even if the employer is the same. Incomplete information may result in disqualification.

Dates of Employment: From (mm/yyyy) _____ To (mm/yyyy) _____ Hours Worked Per Week _____ Reason for Leaving: _____	Title/Job Classification _____ Employer _____ Address _____
Name of Immediate Supervisor	Job Title of Immediate Supervisor
Supervisor's Phone Number	May we contact this employer? ____ Yes ____ No

Duties Performed



EMPLOYMENT APPLICATION – PAGE 2

Dates of Employment: From (mm/yyyy) _____ To (mm/yyyy) _____ Hours Worked Per Week _____ Reason for Leaving: _____	Title/Job Classification _____ Employer _____ Address _____
Name of Immediate Supervisor	Job Title of Immediate Supervisor
Supervisor's Phone Number	May we contact this employer? ____Yes ____No

Duties Performed

Dates of Employment: From (mm/yyyy) _____ To (mm/yyyy) _____ Hours Worked Per Week _____ Reason for Leaving: _____	Title/Job Classification _____ Employer _____ Address _____
Name of Immediate Supervisor	Job Title of Immediate Supervisor
Supervisor's Phone Number	May we contact this employer? ____Yes ____No

Duties Performed

Dates of Employment: From (mm/yyyy) _____ To (mm/yyyy) _____ Hours Worked Per Week _____ Reason for Leaving: _____	Title/Job Classification _____ Employer _____ Address _____
Name of Immediate Supervisor	Job Title of Immediate Supervisor
Supervisor's Phone Number	May we contact this employer? ____Yes ____No

Duties Performed



EMPLOYMENT APPLICATION – PAGE 3

REFERENCES

List three persons not related to you who have knowledge of your work performance.

Name	Address and Phone	Occupation	No. Yrs Acquainted

ACKNOWLEDGEMENT – IMPORTANT – PLEASE READ BEFORE SIGNING

The information I have provided in this entire application, including any attachments, are true, correct and complete to the best of my knowledge. I further understand that any misrepresentation or material omission may disqualify me from further consideration or, if I am employed, may result in immediate discharge upon discovery.

Unless otherwise noted, I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the San Bernardino County Employees' Retirement Association (SBCERA). SBCERA has my permission to contact all employers and educational institutions to obtain information and verify the accuracy of the information I have provided. I hereby release from liability SBCERA and its representatives for seeking, gathering and using such information.

This application does not constitute an agreement or contract for employment, and any employment offered is at-will.

Name (<i>print</i>):	Social Security Number: XXX-XX-
Signature*:	Date*:

***Your signature and the date signed are required. If the Application is not signed, it may be rejected.**

NOTE: Your completed Application and other examination related information **will not be returned**. Therefore, we recommend that you keep a copy of your completed Application for your personal records.

SBCERA – HR
348 W. Hospitality Lane, Third Floor
San Bernardino, CA 92415-0014
HR@sbcera.org
www.SBCERA.org



EEO/ADA COMPLIANT EMPLOYER

COMPLETION OF THIS SECTION IS OPTIONAL

In order to comply with Federal and State Employment Opportunity requirements, we would appreciate your voluntary cooperation in providing the following information. This information will only be used for statistical purposes and will be detached from other application materials submitted and will not be used in any way as part of the evaluation process. Completion of this section is optional.

Date: _____

Position for which you are applying: _____

Gender: Male Female

Age Group: Under 40 40 or older

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.

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.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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
