County of San Bernardino
Human Resources Department

TRANSFER REQUEST

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

COMPLETE ALL INFORMATION BELOW

Name: _____ Employee No:_____

Address: _____

(Include city, state and zip code)

Home Phone: _____ Business/Message Phone: _____

Exact Title of Position: _____

Current Group/Department: _____

Your name may be **removed** from the eligible list if you decline three interviews, refuse to accept a job offer, or fail to keep an appointment for an interview. Those who are removed from the eligible list for these reasons **will not be placed** back on the list unless substantial evidence is provided demonstrating that the circumstances were beyond the candidate's control (e.g. jury duty, documented illness, etc.).

Signature:_____ Date:_____

Human Resources Use Only

Job Code:_____ Status:_____ Grade: _____

Special Experience:_____

Comments: _____

Date Placed on List: Date applicant notified: Notified by:

Transfer Request: ☐ Approved ☐ Denied

Signature:_____ Reason for Denial:_____

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
TRANSFER 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) ☐ E-mail ☐ 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. 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
☐ Ontario/Chino	☐ San Bernardino/Colton	☐ 29 Palms	☐ Victorville/Hesperia	☐ Crestline
☐ Rancho Cucamonga	☐ Fontana/Rialto	☐ Joshua Tree/Yucca Valley	☐ Barstow	☐ Running Springs
	☐ Redlands/Yucaipa/ Loma Linda		☐ Needles	☐ Big Bear
				☐ Lake Arrowhead/Blue Jay/ Twin Peaks

BILINGUAL SKILLS: List any languages other than English in which you are fluent. _____ ☐ Write ☐ 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)? ☐ Yes ☐ 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 *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 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

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.)* ☐ Yes ☐ No If so list your current job title and 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, 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 -

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.**

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)

☐ **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.

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			
				FOR OFFICE USE

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			
				FOR OFFICE USE

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			
				FOR OFFICE USE

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) *Degree Completed*	Units Completed Semester	Units Completed Quarter
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ 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.

SUBMIT FORM