

OFFICE SPECIALIST

Supplemental Questionnaire

This form must be submitted with your application. This supplemental questionnaire and your application will be reviewed as part of the competitive evaluation process.

PART I: Please indicate under which qualification option you are applying. Note, if applying under options A or B, you must demonstrate you meet those requirements on the SBCERA application. If you are applying under option C, you must complete the List of Related Coursework.
Option A: Six (6) months of full-time clerical or technical level experience in a California public retirement system office.
Option B: One (1) year of full-time experience performing multifaceted clerical tasks in an office environment. Experience must include performing a variety of clerical tasks including public contact and computer use.
Option C: Six (6) semester (9 quarter) units of completed college coursework in behavioral sciences, business or public administration or a closely related field.
List of Related Coursework (Only include courses that are required for or related for the Office Specialist position)

Course Title	Course Number	School	Semester Units Earned	Quarter Units Earned

1. **Personal Computer Applications:** Check each program in which you have at least six (6) months of ongoing full-time experience.

Software	Time Used (Years)	Where Used (Work and/or School)	Describe your reason for using the application.
Ex: Word	2 years	Chaffey College & Acme Inc.	Memos, reports for school, imported graphic files, mailing labels, merged documents, resume.
Word			
Excel			
Outlook			
ongoing ☐ Lette ☐ Enve ☐ Labe	full-time experie ers elopes		of document that you have at least six (6) months of
	Experience: Che experience in:	ck each type of filing experi	ence that you have at least six (6) months of ongoing
☐ Filing	g by alphabetical g by chronical ord g by numeric ord oving duplicate o	der er	
		otionist Experience: Checline experience in:	k each type of experience you have at least six (6)
☐ Gree	ting, screening,	and directing clients/custome	ers via telephone

Office Specialist Supplemental Questionnaire

Contacting and following-up with clients/customers via telephone

ACKNOWLEDGEMENT: The information I have provided on this application and supplemental questionnaire is true, correct, and complete to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission by me will disqualify me from further consideration or immediate discharge, whenever it is discovered.

I give the San Bernardino County Employees' Retirement Association (SBCERA) the right to contact and obtain information from all employers and educational institutions, and to otherwise verify the accuracy of the information contained in this application and supplemental questionnaire. I hereby release from liability SBCERA and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

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

Applicant Signature:	Date:
Print Name:	SSN: XXX-XX-