

## Lateral Entry Application Form

### Applicant Acknowledgement

I am requesting lateral entry to be placed on the eligible list for the position of: \_\_\_\_\_

I acknowledge that in order to qualify for lateral entry I must meet **all** of the following criteria:

☐ ☐ My current position is a comparable classification in that it possesses the same or greater minimum requirements and qualifications and/or duties and responsibilities of the position I am applying for with San Bernardino County.  
Yes No

☐ ☐ I obtained my current position through a competitive process in a recognized public agency.  
Yes No

☐ ☐ I have completed twelve (12) months of continuous full-time satisfactory service in the comparable classification.  
Yes No

***If you have answered No to any of the above, you do not qualify for Lateral Entry and your application will be denied.***

I have reviewed the above criteria for lateral entry and the minimum requirements of the County of San Bernardino classification for which I am applying and I attest that I meet all these qualifications.

I have attached: \_\_\_\_\_ (Initial here)

☐ ☐ A completed San Bernardino County application form or resume  
Yes No

☐ ☐ My most recent Work Performance Evaluation from my comparable classification  
Yes No

***Your Lateral Entry application will not be accepted unless both of the above required documents are attached.***

I understand that I may be required to provide additional documentation. If so required, I agree to provide true and correct documentation. I acknowledge that the County may conduct a reference and background check to determine my qualifications for lateral entry as well as information relating to my past activities and background which may affect my suitability to be employed. If it is determined that I did not qualify for lateral entry my name will be removed from the list, but I may still apply for a position through the regular examination process.

### Applicant Certification

I certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Human Resources Use Only

☐ Approved ☐ Denied

Approved/Denied By: \_\_\_\_\_  
(Sr. Analyst Initials)

Submit Request to:  
San Bernardino County Human Resources  
157 West 5<sup>th</sup> Street, San Bernardino, CA 92415  
Fax: 909-387-5792 Attn: Lateral Request



County of San Bernardino
LATERAL ENTRY 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 Last Name at Birth
MM: /DD:
List any other names used: Do you possess a CA Driver's License?
Yes 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 Full-Time Temporary or Extra-Help Part-Time
Shift Day Swing Night Rotating Shifts Weekends
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
Ontario/Chino San Bernardino/Colton 29 Palms Victorville/Hesperia Crestline
Rancho Cucamonga Fontana Joshua Tree/ Yucca Valley Barstow Running Springs
Redlands/Yucaipa 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? Yes No
Date and location of conviction/plea: Penal Code Number (section required):
Explanation (Attach a separate sheet, if necessary):
Veterans' Preference Points: Must submit proof of eligibility at time of application. Acceptable documentation: Department of Defense form 214 (DD214) or verification from County of San Bernardino/Department of Veterans Affairs. For disabled veterans, V.A. letter dated within the last 12 months (indicating percentage of disability) is also required.
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 and/or recurrent County position) Yes No If so, for which department: Employee ID #
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, 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 m 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)

Human Resources Employment Division - Victorville Office
17270 Bear Valley Road, Suite 107, Victorville, CA 92395-7751
(760) 843-5138 • www.sbcounty.gov/hr

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: Male Female Age Group: Under 40 40 or over

- Race/Ethnic Category:
- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
American Indian or Alaska Native: All persons having origins in any of the original peoples of North America.
Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
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		


	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	Salary	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	Salary	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) <i>Degree Completed</i>	Units Completed	
			Semester	Quarter
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> 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](http://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.