At time of hire, IVDA/SBIAA employees must meet the documentation requirement of the immigration Reform and Control Act of 1986.

INLAND VALLEY DEVELOPMENT AGENCY/SAN BERNARDINO INTERNATIONAL AIRPORT AUTHORITY EMPLOYMENT APPLICATION

1. Soc. Sec. No. ___ – __ – ____ **ALL ITEMS ON BOTH SIDES MUST BE COMPLETED**

2. Your Name:
Last *First* *MI*

3. Mailing Address:
Number *Street*
City *State* *Zip*

4. Home Phone: *Area Code* – Business or Message Phone: *Area Code* –

5. Position you are applying for: _____
Job Title (Indicate the level(s) for which you are applying)

FAILURE TO ACCEPT A JOB OR APPEAR FOR AN INTERVIEW MAY RESULT IN REMOVAL OF YOUR NAME FROM THE ELIGIBILITY LIST.

6. Indicate the type of appointment(s) you will accept.
A. ☐ Full-time position B. ☐ Temporary or recurrent position C. ☐ Part-time position

7. Indicate your availability for the following:
A. ☐ Day B. ☐ Swing C. ☐ Night
D. ☐ Rotating Shifts E. ☐ On call F. ☐ Weekend

8. Bilingual language skills: Language _____ ☐ Speak ☐ Write

9. As an adult, if you have ever been convicted of an offense other than a minor traffic violation explain the nature of the conviction below. (Convictions are evaluated for each position and are not necessarily disqualifying.)
_____

10. How did you learn about this position? A. ☐ Bulletin Board B. ☐ School C. ☐ Newspaper. Which one? _____
D. ☐ Other _____

IF YOU FEEL THAT YOU HAVE NEED FOR SPECIAL TESTING ARRANGEMENTS DUE TO A DISABILITY, CALL (909) 382-4100

11. If this position requires typing and/or shorthand skills, please indicate. Typing Speed _____ Shorthand Speed _____

12. If this position requires computer programs, please indicate those you can operate. _____

13. CERTIFICATE OF APPLICANT: I certify that all statements made in this entire application 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.

Name (Please Print) *Signature* *Date*

Address *City* *Zip Code*

— PLEASE COMPLETE REVERSE —

FOR OFFICIAL USE ONLY (Do not write in this space.)
Eligible _____
In Eligible _____ *Reason* _____

Return to: **INLAND VALLEY DEVELOPMENT AGENCY/**
SAN BERNARDINO INTERNATIONAL AIRPORT AUTHORITY
294 S. Leland Norton Way, Suite #1
San Bernardino, CA 92408

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

INLAND VALLEY DEVELOPMENT AGENCY

Position applied for: _____

Please complete this form for statistical purposes. It will be detached from your application and the information will not be used to make any employment decision which affects you.

Sex: ☐ Female ☐ Male

Age Group: ☐ Under 40 ☐ 40 or Over

Education: Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? ☐ Yes ☐ No
If "No," received GED? ☐ Yes ☐ No

Ethnic Category *(Check one)*:

A. ☐ **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.

B. ☐ **Black (not of Hispanic origin):** All persons having origins in any of the black racial groups.

C. ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

D. ☐ **Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

E. ☐ **American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America.

14. EXPERIENCE: List your most recent paid and volunteer jobs relevant to this position. If additional space is needed, attach a sheet of paper. Only those jobs listed will be considered in determining your eligibility. **THIS SECTION MUST BE FULLY COMPLETED.**

From (Mo./Day/Yr.)	Title of Your Present Position	Company Name	Phone	Name and 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 Your Position	Company Name	Phone	Name and 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 Your Position	Company Name	Phone	Name and 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

15. Please list any other names that you have ever used. _____

16. Use this space for additional remarks, license or certificate numbers, special skills, etc., and for other courses, training or education specifically required on the examination announcement, and for explanation of other items. _____

17. EDUCATION: (If Job Announcement requires course work in specific areas, please attach a list of courses completed.)

College or University	Major	Quarter Units Completed _____	Semester Units Completed _____
	Minor	Degree and Year	
Graduate Work — College or University	Major Field	Quarter Units Completed _____	Semester Units Completed _____
		Degree and Year	