

ATTACHMENT A

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



APPLICATION FOR THIRD DISTRICT SUPERVISOR

Please fill out each section completely. An original wet signature is required.

Personal Information:		
Your Name: First: _____	Last: _____	Middle Initial: _____
Home Address: _____	City: _____	Zip: _____
Mailing Address: _____	City: _____	Zip: _____
Home Phone: (____) _____ - _____	Alternate Phone: : (____) _____ - _____	
Email Address: _____		

Citizenship/Supervisorial District Information:		
Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a registered voter in San Bernardino County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a resident of the Third District?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Convictions:		
As an adult (age 18) have you ever been convicted of, or pled guilty or no contest to, a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have your Civil Rights been restored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- Please be advised that members of San Bernardino County Board of Supervisors:**
- **Must take an Oath of Office.**
 - **Must comply with the County’s Ethics Ordinance.**
 - **Must participate in State-mandated ethics training.**
 - **Must disclose financial interests.**

I fulfill the residency and elector requirements established by the County Charter and State law for a “qualified elector” including being a resident and registered voter of the Third Supervisorial District in which the vacancy exists for a period of at least 30 days prior to December 3, 2018. I hereby certify that all statements in this application are true and complete to the best of my knowledge. I further certify that if appointed, I will serve fairly, impartially, and to the best of my ability.

Signature: _____ **Date:** _____

*Please submit completed originally signed form to:
Clerk of the Board of Supervisors
385 North Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92415-0130*

County Use Only – Do Not Write Below This Line

Date Received: _____	Received By: _____	Date Referred to BOS: _____
<small>Deputy Clerk of the Board of Supervisors</small>		