



YUBA COUNTY PUBLIC WORKS

915 8th Street, Suite 125
Marysville, CA 95901
(530) 749-5420
FAX (530) 749-5424

Caretaker Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Driver's Lic. No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for Yuba County? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO _____

If yes, explain: _____

Time of year you are willing to caretake: May 1st – October 31st November 1st – April 30th

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to caretaking, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____