



**YUBA COUNTY PUBLIC WORKS**

915 8<sup>th</sup> 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 1<sup>st</sup> – October 31<sup>st</sup>  November 1<sup>st</sup> – April 30<sup>th</sup>

**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: \_\_\_\_\_