



**MENDOCINO COUNTY EXECUTIVE OFFICE
 FACILITIES & FLEET DIVISION
 APPLICATION FOR PARK CARETAKER**

POSITION DESCRIPTION:

This application is for a part-time, live-in Park Caretaker at **Indian Creek Park**, located at **8950 Hwy 128, Philo, CA**. This position is seasonal (spring through fall) with no compensation. However, the advantages include: free rent of campground space (must provide travel trailer to live in) and no charge for utilities (electricity, water, and sewer). Duties include cleaning the restrooms, checking for park fee payments, foot patrol of the park, picking up litter, and being aware of potential acts of vandalism.

NAME:			
ADDRESS:			
CITY:		ZIP:	
DAYTIME PHONE NO.:			
EVENING PHONE NO.:			
CALIFORNIA DRIVER'S LICENSE:			

EXPERIENCE:

Describe employment experience and provide enough information to allow for evaluation of your work experience and abilities. List the positions held, starting with your most recent employment. If you held more than one position with the same employer, list each position separately. Include relevant volunteer experience. Applications that reference "see resume" in this section will be rejected as incomplete.

NAME OF EMPLOYER:			
NAME UNDER WHICH YOU WERE EMPLOYED (IF DIFFERENT):			
ADDRESS:			
PHONE NO.:			
REASON FOR LEAVING:			
MAY WE CONTACT THEM?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF SUPERVISOR:			
TITLE OF POSITION HELD:		LAST SALARY:	
EMPLOYED FROM TO		HOURS PER WEEK:	
TYPE OF WORK PERFORMED (identify the most important tasks/duties performed):			

NAME OF EMPLOYER:			
NAME UNDER WHICH YOU WERE EMPLOYED (IF DIFFERENT):			
ADDRESS:			
PHONE NO.:			
REASON FOR LEAVING:			
MAY WE CONTACT THEM?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF SUPERVISOR:			
TITLE OF POSITION HELD:		LAST SALARY:	
EMPLOYED FROM TO		HOURS PER WEEK:	
TYPE OF WORK PERFORMED (identify the most important tasks/duties performed):			

NAME OF EMPLOYER:			
NAME UNDER WHICH YOU WERE EMPLOYED (IF DIFFERENT):			
ADDRESS:			
PHONE NO.:			
REASON FOR LEAVING:			
MAY WE CONTACT THEM?:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR:			
TITLE OF POSITION HELD:		LAST SALARY:	
EMPLOYED FROM	TO	HOURS PER WEEK:	
TYPE OF WORK PERFORMED (identify the most important tasks/duties performed):			

REFERENCES:

Provide the names and phone numbers of three people (not relatives) that we may contact who have knowledge of your experience and ability. You may use past employers.

NAME	PHONE NO.	BUSINESS/OCCUPATION

APPLICANT CERTIFICATION – READ BEFORE SIGNING:

I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I authorize the County of Mendocino to investigate all statements contained in this application and its attachments. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny a contract for services. The submission of this application and its acceptance by the County of Mendocino does not constitute an expressed or implied contract or offer of employment.

I also understand that any award of contract is contingent upon a background check of Applicant(s) through the California Department of Justice.

Signature

Date