

Youth Work Application

Full Name: _____ OID: _____ Date: _____

DOB: _____ Age: _____ Current Level: _____ Living Unit: _____

I earned my (check one): GED Diploma Date Received: _____

Position Applying For: _____ Work Supervisor: _____

Medical Restrictions (allergies, injuries, etc.):

Prior Job Experience (where, position, how long, why did you leave):

Employer Name	Position	Dates of Employment	Reason for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MCF-RW Staff References (who should be contacted at MCF-RW as a work reference?)

Special knowledge, skills or abilities related to this position (list training, certifications, etc.):

Outside Interests (list any hobbies, sports, or other activities):

To be completed by the caseworker:

The living unit staffing team has approved the youth's application. (circle one) Yes No

Caseworker Signature: _____ Date: _____

The information in this application is correct. I understand that any false information on this application can result in not being hired or in being terminated if hired based on false information.

Youth's Signature: _____ Date: _____

* Send your completed application in the facility mail to the work supervisor. It must be received by the job posting's closing date. You may attach a resume' or more paper if you need space for application information.