## Minnesota Correctional Facility - Red Wing

## **Youth Work Application**

Full Name:	OID:	Date:
DOB: Age: Co	urrent Level: Living Unit:	
I earned my (check one): GED Dip	loma Date Received:	
Position Applying For:	Work Supervisor:	
Medical Restrictions (allergies, injuries, etc	:. <b>)</b> :	
Prior Job Experience (where, position, how Employer Name Posit	ion Dates of Employm	ent Reason for Leaving
MCF-RW Staff References (who should be		ference?)
Special knowledge, skills or abilities related	d to this position (list training, certif	fications, etc.):
Outside Interests (list any hobbies, sports,	or other activities):	
To be completed by the caseworker: The living unit staffing team has approved	d the youth's application. (circle one	e) Yes No
Caseworker Signature:	D	Date:
The information in this application is corre result in not being hired or in being termin	•	• •
Youth's Signature:	Date	e:

<sup>\*</sup> 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.