Steele County Community Corrections Employer Contacts

Name:______________________________ **Week of:**______________________________

You are required to submit five applications per week. All applications and this form must be turned into Steele County Probation Services by 4PM on Friday. If you have any questions, contact your supervising agent.

Employer Name: ______________________________
Address and phone number: ______________________________
Contact Person: ______________________________
Date of Application:__________________ Title of Job Applied for: ______________________________
How Applied: ☐In-person ☐Online Result: ______________________________

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Address and phone number: ______________________________
Contact Person: ______________________________
Date of Application:__________________ Title of Job Applied for: ______________________________
How Applied: ☐In-person ☐Online Result: ______________________________

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Address and phone number: ______________________________
Contact Person: ______________________________
Date of Application:__________________ Title of Job Applied for: ______________________________
How Applied: ☐In-person ☐Online Result: ______________________________

I hereby authorize Steele County Community Corrections to contact any of the above employers for the purpose of verifying the above information.

______________________________ ______________________________
Signature Date