



St. Paul's Lutheran Church
304 Monroe Avenue
North Mankato, MN 56003

Job Application

Position Applied For: Facility Supervisor Date of Application

PERSONAL INFORMATION

Name: Last First Middle

Address: Street City State/Zip

Home Phone Number Cell Phone

E-Mail Address

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever submitted an application to St. Paul's before? Yes No

If yes, please give date:

Have you ever been employed by St. Paul's before? Yes No

If yes, please give date:

Are you currently employed? Yes No

If yes, may be contact your current employer? Yes No

Are you legally qualified to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work?

Are you able to perform the essential functions of the job? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

Have you ever done any volunteer work? Yes No

If yes, please describe:

Do you have a valid driver's license? If yes, from which state? Yes No

Condition of Employment

The Church requires that a criminal background check be conducted on all new employees to safeguard the community for students and employees. A conviction is not an automatic bar to employment in most cases. All circumstances will be considered.

**WORK EXPERIENCE**

Start with your current or most recent employment. We will assume we have your permission to contact these firms unless you indicate to the contrary.

Name and Address of Previous Employer	Period of Employment (Month-Year)	Complete the Following	Reason for Leaving
Firm	From	Type of Business	
Address	To	Position	
City	Phone	Supervisor's Name	Salary

Firm	From	Type of Business	
Address	To	Position	
City	Phone	Supervisor's Name	Salary

Firm	From	Type of Business	
Address	To	Position	
City	Phone	Supervisor's Name	Salary

Firm	From	Type of Business	
Address	To	Position	
City	Phone	Supervisor's Name	Salary

**EDUCATION**

	High School	Technical School	College	Other
School Name and Location				
Years Completed	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree	Yes No	Yes No	Yes No	Yes No
Major Courses of Study				

Summary special skills and training:

Describe honors received:

**Please describe your education, training, and experience as they relate to the following:**

Work with HVAC Systems, Plumbing, Gas, Regular Maintenance

Interacting with faculty, public, and other institutions and agencies.

Computer experience, including creating documents, worksheets, etc.

**REFERENCES**

Give the names and addresses of persons whom you know (other than relatives or former employers). We will assume we have your permission to contact these people unless you indicate to the contrary.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Profession \_\_\_\_\_ Years Known \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Profession \_\_\_\_\_ Years Known \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Profession \_\_\_\_\_ Years Known \_\_\_\_\_

**NOTIFICATION AND AGREEMENT** (please read before signing)

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**RETURN COMPLETED FORM TO:**

St. Paul's Lutheran Church  
Attn: Nathan Voss, Staff Minister  
304 Monroe Avenue  
North Mankato, MN 56003

Or  
E-mail scanned copy to: [staffminister.stpaulslc@gmail.com](mailto:staffminister.stpaulslc@gmail.com)  
Fax to: 507-345-5756 – Attn: Nathan Voss, Staff Minister