NEW ZION MISSIONARY BAPTIST CHURCH 1026-24TH STREET N ◆ BESSEMER, AL 35020 205-426-5771

PASTORAL VACANCY ANNOUNCEMENT and APPLICATION

Salary range \$35,000 to \$69,000 yearly

New Zion Missionary Baptist Church (NZMBC), was founded in 1902 and is prayerfully seeking a full-time pastor, called by God who will be the spiritual leader of the congregation. The qualified candidate is responsible to God and the church to proclaim the gospel of Jesus Christ, to teach the Holy Bible, to provide Christian leadership in all areas of the church and to engage in pastoral care for the congregation. The candidate must be able to articulate a vision for the church that emphasizes spiritual growth and Christian Education and Development.

This Pastor's main responsibilities will be to communicate God's Word, minister to the spiritual needs and provide biblical leadership for the church. The person ultimately called to serve as the spiritual leader of the congregation will possess the qualities listed in 1 Timothy 3:1-7 and Titus 1:5-9. The NZMBC is trusting God to fulfill the prophetic promise expressed in Jeremiah 3:15, "And I will give you pastors according to mine heart, which shall feed you with knowledge and understanding."

The New Zion Missionary Baptist Church has been in existence for one hundred and fourteen years. The active membership is approximately 285. The selected individual is expected to possess and use appropriate skills in teaching the Word of God to transform lives, and promoting Christian discipleship to facilitate maturational growth of the congregation.

Priority consideration will be given to candidates that currently possess a Master's degree (preferably, a Master's of Divinity Degree from an accredited institution). Candidates should have five (5) or more years of pastoral experience at a church of comparable size. Candidates must be knowledgeable of Baptist Doctrine, licensed and ordained to the Gospel Ministry by creditable religious organizations.

Opening Date: 7/24/16 Closing Date: 08/31/2016

All interested persons must submit a complete application package consisting of the following information:

- 1. The application can be found at: <u>www.nationalbaptist.com</u> and search for pastor openings.
- 2. A cover letter, current resume (include detailed listing of ministerial/pastoral experiences, accomplishments and immediate family).
- 3. A DVD of a sermon delivered within the past year
- 4. Certified copies of diplomas, degrees mailed from the issuing accredited institution.
- 5. Reference letters from each of the following: current and/former pastor(1); current and/former instructor(1); personal references (2)
- 6. Ministerial license(s), ordination certificate with the appropriate seal
- 7. A completed and signed application checklist
- 8. Current color photo (Head Shot) (5x7)
- 9. Copy of Driver's License or State Identification

Any Candidate Package received after the deadline will not be considered. NOTE: Missing information will result in automatic disqualification. Final candidates will be notified and asked to provide additional information later in the selection process. Final candidates must consent to a reference check, a criminal history background check, a drug screening test, and a credit and financial history review (performed through outside agencies for complete confidentiality).

All information presented will be treated as "Confidential." For additional information or questions please submit your request to Pastoral Search Committee at nwzmbc@gmail.com or New Zion Missionary Baptist Church, c/o Pastoral Search Committee, 1026-24th Street North, Bessemer, AL 35020.

Mail OR Email:

New Zion Missionary Baptist Church C/O Pastoral Search Committee 1026-24th Street North Bessemer, AL 35020 <u>nwzmbc@gmail.com</u>

(Include "Pastoral Search Committee in the subject line of all email correspondence.)

NO PHONE CALLS PLEASE

Page 2 | 14

QUALIFICATIONS

- Must have a minimum of five (5) years of pastoral experience as a Baptist pastor
- Meet qualifications as set forth in Timothy 3:1-7 and Titus 1:5-9
- Must be a licensed and ordained Baptist minister and duly ordained in accordance with the Baptist Church
- Must be able to articulate a vision for the church that emphasizes spiritual growth and Christian Education development
- Must be able to plan and conduct worship services
- Must be an effective leader with managerial and administrative abilities. Pastoral or appropriate experience
- Must be committed to church growth and membership retention
- Must be committed to further religious training/education
- Must be Full-Time (available 24/7) with set office hours
- Must be willing to attend, support, and encourage members to attend local, State and National Congresses and Conventions for religious education and ideas that will enhance the church's ministries as well as establish other ministries
- Must demonstrate a record of community and mission involvement
- Must have a clear understanding of the Baptist Doctrine as well as being an effective communicator with the ability to teach sound doctrine, and to preach effectively from the Holy Bible
- Must provide a written statement of Doctrine
- Must be able to plan and conduct worship services
- Must be an effective leader with developed managerial and administrative abilities. Pastoral or appropriate experience.
- Must demonstrate a record of community and mission involvement
- Must have skills in written and oral communication
- Must possess strong leadership skills to increase the church membership

RESPONSIBILITY OF A PASTOR

- The Pastor will be responsible as an ex-officio member of all church ministries/committees. Ex-officio is Latin for "from the office," to describe someone who has a right because of an office held, such as being allowed to sit on a committee simply because one is P of the corporation.
- The Pastor will preside over worship services, funeral services, weddings, and baby dedications or designate someone else to perform these functions in his absences.
- The Pastor will be responsible for teaching, counseling and observance of the Ordinances of the Lord's Supper and Baptism.
- The Pastor will be responsible for visiting members who are hospitalized, confined to home or, in an extended care facility as well as delegating these responsibilities to the Deacon/Deaconess Ministry and /or church leaders as appropriate.
- Pastor will work with various ministries to provide leadership in planning, organizing, and coordinating programs in discipleship and ministry.
- The Pastor must demonstrate an intergenerational approach to spiritual growth and congregational formation.

Home Address:	City State Zip Co			
Home Address:	City	State Zip Code		
Home Address:	City	State Zip Code		
Home Address:	City	State Zip Code		

Social media footprint (e.g., Twitter handle, LinkedIn, Facebook page, Instagram, etc.) (If applicable):______

Digital media (e.g., Links to podcasts, vlogs, blogposts, etc. if applicable):_____

Are you able to perform essential functions of this position with or without reasonable accommodation?

Yes \Box No \Box . If needed, please explain (Attach an additional sheet if necessary):_____

Page 4 | 14

PERSONAL INFORMATION CONTINUED:
Marital Status: (Check one): Single Married Widowed Divorced I If married, spouse's full (include maiden) name:
Have you ever been divorced? If so, please list your marital history (names/dates/children):
Please list your hobbies and special interests:
Please list the training and major interests of your spouse:
Please list your spouse's attitude toward your vocation:
Do you have any other vocational or job skills?
Please list the approximate amount of debt owed other than mortgage
Page 5 14

S	ECTION II: ORDI	INATION AND CURRENT CHURCH
	ORDINATIO	ON AND CURRENT CHURCH
Are you licensed? Yes□ No□	Are you ord	dained? Yes \Box No \Box
Ordination date and place:	By \	Whom:
Address:		
		City State Zip Code
Denomination:	Have	e you been baptized by immersion? Yes \Box No \Box
Name of your Current church-h	ome?	
Addross		
Address:		City State Zip Code
SECTION III: EDUCAT	IONAL & MILITA	RY BACKGROUND AND EMPLOYMENT HISTORY
	<u>EDUCA</u>	TIONAL BACKGROUND
Undergraduate School:		
		Did you graduate? Yes 🗌 No 🗌
Degree:		
		Minor:
Seminary School:		
From:	To:	Did you graduate? Yes 🗆 No 🗆
Degree:		
Graduate School:		
		Did you graduate? Yes \Box No \Box
Degree:		
Doctorate (If applicable):		
		Did you graduate? Yes□ No□
Degree:		
Other School:		
From:	To:	Did you graduate? Yes 🗆 No 🗆
Degree:		
		Minor:
		Page 6 14

MILITARY BACKGROUND Are you a Veteran? Yes \no \ Branch:	SECTION III CONTINUED:					
Branch:		MILIT	ARY BACK	GROUND		
Rank at Discharge: Type of Discharge: Employer #1 Name: Employer #1 Name: Street Address: City Position/Title: End Date: Street Address: City State Zip Code Position/Title: End Date: Street Address: City State Zip Code Position/Title: End Date: Street Address: City Street Address: City Street Address: City Street Address: City Street Address: State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Reason for Leaving: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving: Part-Time: Start Date: End Date: Supervisor: Part-Time: Part-Time: Start Date: End Date: Supervisor: Reason for Leaving: Part-Ti	Are you a Veteran? Yes	No□				
EMPLOYMENT HISTORY Please list your employers starting with the current or most recent one first. Employer #1 Name:	Branch:		F	rom:	To:	
Please list your employers starting with the current or most recent one first. Employer #1 Name:	Rank at Discharge:		1	Type of Discharge:		
Employer #1 Name: State Zip Code Street Address: City State Zip Code Position/Title: End Date: Supervisor: Part-Time: Part-Time: Start Date: End Date: Supervisor: Reason for Leaving: Part-Time: Part-Time: Employer #2 Name: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Part-Time: Part-Time: Employer #3 Name: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Part-Time: Part-Time: Part-Time: Street Address: City State Zip Code Position/Title: Part-Time: Part-Time: <td></td> <td>EMPL</td> <td>LOYMENT</td> <td>HISTORY</td> <td></td> <td></td>		EMPL	LOYMENT	HISTORY		
Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving: Employer #2 Name: City State Zip Code Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Employer #3 Name: Supervisor: Reason for Leaving: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Employer #3 Name: Street Address: City State Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Employer #4 Name: Supervisor: Reason for Leaving: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Employer #4 Name: Supervisor: Reason for Leaving: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Street Address: City State Zip Code Position/Title: End Date: Superviso	Please list your employers st	arting with the curren	nt or most	recent one first.		
City State Zip Code Position/Title:	Employer #1 Name:					
Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving:	Street Address:					
Start Date: End Date: Supervisor: Reason for Leaving:	Desition /Titles			•		
Reason for Leaving: Employer #2 Name: Street Address: Position/Title: End Date: Supervisor: Reason for Leaving: Employer #3 Name: Street Address: City State Zip Code Position/Title: Position/Title: Employer #4 Name: Street Address: City State Zip Code Position/Title: Employer #4 Name: Street Address: City State Zip Code Position/Title: Employer #4 Name: Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: State Zip Code Position/Title: Employer #5 Name: Street Address: City State Zip Code Position/Title: State Zip Code Position/Title:	Start Date:	End Date:		Supervisor	ent: Full-Time:	Part-Ime:
Employer #2 Name:						
Street Address: City State Zip Code Position/Title: Full Date: Supervisor: Part-Time: Reason for Leaving: City State Zip Code Position/Title: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Stare Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Stare Address: City State Zip Code Position/Title: Employer #4 Name: Supervisor: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Part-Time: Start Date: Supervisor: Reason for Leaving: State Employer #5 Name: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Start Date: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Start Date: End Date: Supervisor: Part-Time: Start Date: End Date: Supervisor: Reason for Leaving: <						
Street Address: City State Zip Code Position/Title: Full Date: Supervisor: Part-Time: Reason for Leaving: City State Zip Code Position/Title: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Stare Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Stare Address: City State Zip Code Position/Title: Employer #4 Name: Supervisor: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Part-Time: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Part-Time: Start Date: Supervisor: Reason for Leaving: State Employer #5 Name: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Start Date: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Start Date: End Date: Supervisor: Part-Time: Start Date: End Date: Supervisor: Reason for Leaving: <						
City State Zip Code Position/Title:						
Position/Title:	Street Address:			City		State Zin Code
Start Date: End Date: Supervisor: Reason for Leaving:	Position/Title				ont: Full-Time:	
Reason for Leaving:						
Employer #3 Name:						
Street Address: City State Zip Code Position/Title: End Date: Supervisor: Reason for Leaving: Employer #4 Name: Street Address: City Position/Title: Type of Employment: Full-Time: Position/Title: Type of Employment: Full-Time: Position/Title: End Date: Start Date: State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: State Zip Code Position/Title: End Date: Start Date: Supervisor: Reason for Leaving: City Street Address: City Street Address: City State Zip Code Position/Title: Postion/Title: State Zip Code Position/Title: Employer #5 Name: Street Address: City State Zip Code Position/Title: State Zip Code Position/Title: State Zip Code Reason for Leaving: City State Zip Code Position/Title: Position/Title: Position/Title: Reason for Leaving:						
City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: End Date: Supervisor: Reason for Leaving:						
Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving:	Street Address:					State Zin Code
Start Date: End Date: Supervisor: Reason for Leaving: Employer #4 Name: Street Address: City Position/Title: Type of Employment: Full-Time: Position/Title: End Date: Supervisor: Supervisor: Reason for Leaving: City Street Address: State Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Position/Title: End Date: Supervisor: Part-Time: Reason for Leaving: Supervisor:	Position/Title			,	ont: Full-Time:	
Reason for Leaving: Employer #4 Name: Street Address: City Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving: City Street Address: City State Zip Code Position/Title: Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving:				• • • • • •		
Employer #4 Name:						
Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: End Date: Supervisor: Reason for Leaving: City State Zip Code Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: State Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: State Start Date: Supervisor: Supervisor: Reason for Leaving:						
City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Part-Time: Reason for Leaving: Employer #5 Name: Street Address: Street Address: City Position/Title: Type of Employment: Full-Time: Position/Title: Type of Employment: Full-Time: Part-Time: State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: State Zip Code Position/Title: State Zip Code Position/Title: State Zip Code	Employer #4 Name:					
Position/Title: Type of Employment: Full-Time: Start Date: Supervisor: Reason for Leaving: Supervisor: Employer #5 Name: City Street Address: State Zip Code Position/Title: Type of Employment: Full-Time: Position/Title: End Date: Start Date: Supervisor: Reason for Leaving:	Street Address:					
Start Date:	Position/Title:				nt: Full-Time:	
Reason for Leaving: Employer #5 Name: Street Address: City State Position/Title: Position/Title: End Date: Supervisor: Reason for Leaving:	Start Date:	End Date:		Supervisor:		rait-fille.
Employer #5 Name:	Reason for Leaving:					
Street Address: City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: End Date: Supervisor: End Date: Supervisor: Reason for Leaving: End Date: End						
City State Zip Code Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Supervisor: Reason for Leaving: End Date: Supervisor:	Employer #5 Name:					
Position/Title: Type of Employment: Full-Time: Part-Time: Start Date: Supervisor: Reason for Leaving:	Street Address:					
Start Date:End Date:Supervisor:Supervisor:Reason for Leaving:	Desition /Title:			•		
Reason for Leaving:						
Page / 14						Page 7 14

SECTION IV: REF	ERENCES			
REFERENC	<u>TES</u>			
Please list three references consisting of clergy, e	employer and personal	(but no	t related	l to you).
Full Name:	Relationship:			
Organization:				
Address:				
		City	State	Zip Code
Full Name:	Relationship:			
Organization:	Telephone Number:			
Address:				
		City	State	Zip Code
Full Name:	Relationship:			
Organization:	Telephone Number:			
Address:				
		City	State	Zip Code
Full Name:	Relationship:			
Organization:	Telephone Number:			
Address:				
		City	State	Zip Code
Full Name:	Relationship:			
Organization:	Telephone Number:			
Address:				
		City	State	Zip Code
Full Name:	Relationship:			
Organization:	Telephone Number:			
Address:				
		City	State	Zip Code
			l	Page 8 14

SECTION V: BACKGROUND INFORMATION

(Each candidate will be subject to a background check, a credit check and a drug screen).

BACKGROUND INFORMATION

If you answer "Yes" to any of the questions in the following section, please attach a separate sheet indicating the nature of the suit, charge or offense, when and where charged, the date, court, and disposition or other appropriate explanation. An arrest or a conviction record will not automatically be a barred from employment. Factors such as your age at the time of the crime, seriousness and nature of the violation, time elapsed since the crime, job relatedness, and subsequent rehabilitation will be considered.

A. Have you ever been arrested for any offense? Yes \Box No \Box

If yes, please state nature of the charge(s), when and where charged and the case disposition. Attach additional sheet if necessary.

B. Have you ever been convicted of any crime? Yes \Box No \Box

If yes, please state nature of the conviction(s), when and where and the case disposition. *Attach* additional sheet if necessary.

Adjudication withheld? Yes \Box No \Box

C. Have you ever been charged in administrative, civil or criminal proceedings with improprieties regarding children? Yes \Box No \Box

If yes, please state nature of the action(s), when and where and the disposition. (Attach additional sheet if necessary)._____

D. Have you ever entered a plea of not guilty, or guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program for any crime other than a minor traffic offense? Yes \Box No \Box If yes, please state nature of the action(s), when and where and the disposition. (Attach additional sheet if necessary).

Page 9 | 14

SECTION V: BACKGROUND INFORMATION CONTINUED:

leave/vacate job position, or volunteer position on the grounds of any unlawful sexual behavior, or violatio of any employer's sexual misconduct or harassment policy: Yes \Box No \Box
If yes, please state nature of the action(s), when and where and the disposition. (Attach additional sheet if necessary)
<i>F</i> . Are you presently being investigated or under a procedure to consider your discharge by your present employer? Yes \Box No \Box
If yes, please state nature of the charge(s), when and where charged and the case disposition. (Attac additional sheet if necessary).
G. Have you ever been suspended, discharged or resigned in lieu of discharge from any position? Yes \Box No \Box
If yes, please state nature of the action(s), when and where and the disposition. (Attach additional sheet if necessary).
H. Have you ever been a plaintiff or defendant in an administrative, civil matter or lawsuit? Yes \Box No \Box
If yes, please state nature of the action(s), when and where and the disposition. (Attach additional sheet is necessary).
I. Have you ever been treated for substance/alcohol abuse? Yes \Box No \Box
If yes, please state nature of the action(s), when and where and the disposition. (Attach additional sheet if necessary).
Page 10 1

SE	CTION V: BACKGROUND IN	ORMATION CONTINUED:
J.	Driver's License	Suspended (or)Revoked. If yes, explain:
		at required bonding? Yes \Box No \Box
y		e position. (Attach additional sheet if necessary)
lf y	ves, please state nature of th	d or charged of sexual harassment? <u>Yes</u> No \Box e action(s), when and where and the disposition. (Attach additional sheet
M.	Have you ever filed bankrup	tcy? If so, please explain:
NI		or the nactoral position with New Zion Bantist Church?
N.		er the pastoral position with New Zion Baptist Church?
0.		vith present or most current, if different from employer's list:)Position:
		City/State/Zip Code:
	Employment Dates: From	То:
	Reason for leaving:	e):
	Name of Church:	Position:
		City/State/Zip Code:
		To:
	Reason for leaving:	e):
		Page 11

PERSONAL EVALUATION

What do you perceive your primary task as a pastor to be?_____

DOCTRINAL INFORMATION

With number 1 being the most important and number 10 being the least important, please number each item in the order of importance according to your philosophy of ministry:

- Preaching
- Counseling
- Administration
- Evangelism
- Visitation

- Teaching
- Dealing with Interpersonal differences
- Discipleship
- Building relationships
- Motivating Others

Briefly please provide your philosophy of ministry. Include your convictions regarding: (a) the role of church leaders______

(b) discipleship_____

(c) evangelism_____

(d) church government_____

(e) any other issues you believe are important_____

SECTION VII: APPLICANT CHECKLIST

APPLICATION CHECKLIST

A cover letter, current resume (include detailed listing of ministerial/pastoral experiences,
accomplishments and immediate family).
A completed application.
A DVD of a sermon delivered within the past year
Ministerial license(s), ordination certificate with the appropriate seal
Certified copies of degrees mailed from the issuing accredited institution
Reference letters from each of the following:
 Current and/or former pastor(1);
 Colleague (1); and
 Personal (but unrelated) references(2).
A completed and signed application checklist.
Current color photo (Head Shot) (5x7) and family photo (if applicable)
Copy of Driver's License or State Identification.
NOTE: Any application package that does not include the items above will <u>NOT BE CONSIDERED</u> .
Applicant Print Name:
Applicant Signature:
Date:
Page 13

14

SECTION VIII: CERTIFICATION AND SIGNATURE

CERTIFICATION AND SIGNATURE

Please read and initial the below statements and sign application.

_____I certify that the information given by me to the questions on this application, including representations in my resume, if given, are true and correct to the best of my knowledge, and have been made with no mental reservations whatsoever and I have not withheld any information that might adversely affect my chances for consideration. I understand that misleading or false statements will constitute a sufficient case for refusal of hire, employment termination or employment covenant.

_____I understand that neither the acceptance of this application nor the subsequent entry into any type of employment and covenant relationship with New Zion Missionary Baptist Church creates an actual or implied employment. I understand that, if I am offered and accept employment with New Zion Missionary Baptist Church it will be on at-will basis. This means that either New Zion Missionary Baptist church or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

_____I authorize the release of national and state criminal records, as well as credit history report to New Zion Missionary Baptist church. I authorize the schools, my former employers, and people named in this application to release to New Zion Missionary Baptist Church any information requested to verify the information on this application, and my education, character, and employment history with them. I also give New Zion Missionary Baptist Church permission to use the information acquired to conduct a background check on me.

Date:

I understand that if I am a finalist I will have to submit to drug screening test.

Ν	С	n	م	2	•	
1 1	a		10	-	•	

Signature of Applicant: _____ Date: _____

Position: Full-Time Pastor

Mail Application to: New Zion Missionary Baptist Church c/o Pastoral Search Committee 1026-24th Street North Bessemer, AL 35020

Page 14 | 14