The Missionary Union Baptist Church has been in existence and serving the community since 1833. It is the oldest Black Baptist Church in Northeast Mississippi. The church was organized during the days of slavery and Negroes held their religious services in the afternoons, Sundays and Wednesdays, in the basement of the White Baptist Church. These slaves were unlike the other slaves who had written consent from their masters to attend such meetings because the patrols would be on duty all night to see that no Negroes walked or assembled themselves together without permission from their owners. After emancipation and during the Reconstruction Period the Missionary Union Baptist Church was chartered in 1867. In 1871 the church purchased and moved to its present site where a small building stood. Missionary Union is located at 1207 5th Avenue North in Columbus, MS with a membership of approximately 300 members and 23 ministries. The church is prayerfully seeking a full-time pastor who is called by God and equipped to effectively preach and teach the Word of God. The candidate must be able to fulfill the spiritual needs of the congregation through visitations, prayer, conducting weddings, funerals and administering the ordinances of the church.

PASTOR QUALIFICATIONS
1. Be a licensed and ordained minister in the Baptist faith.
2. Must be able to articulate a vision for the church that emphasizes Spiritual Growth, Strong Mission and Outreach, and Christian Education and Development.
3. Have a minimum of five years (preferred) of pastoral experience.
4. Have at least a bachelor’s degree from an accredited college/university and theological seminary training (preferred).
5. Possess effective communication skills (written and oral).
6. Growth oriented and pastoral care capability.
7. Demonstrate financial awareness and responsibility.
8. Committed to continuing education and development.
9. Demonstrate ability to work effectively with a congregation across all ages and gender.
10. Possess effective administration skills and able to organize and lead staff.
11. Three letters of recommendation (clergy, layperson, and personal).

APPLICATION SUBMISSION INSTRUCTIONS
The following must be submitted by Friday, May 31, 2019
1. Resume
2. Missionary Union Baptist Church Application
3. Copy of license, ordination certificate, degrees, current photo and any other certificates
4. Degrees must be from a nationally accredited college, university or seminary.
5. CD or DVD or video links of recent sermons and Bible teachings (minimum of two).

MAIL COMPLETE APPLICATION PACKET TO:
Missionary Union Baptist Church
Attention: Pastor Search Committee c/o Deacon Johnny Johnson, Chair
1207 5th Avenue North
Columbus, MS 39701
Missionary Union Baptist Church Pastoral Application

PERSONAL INFORMATION

Date: ______________________
Name: ____________________________________________________________________________

Last                                                                  First                  Middle

Present Address ____________________________________________________________________________

Street                                                 City                         State                          Zip

How long? __________________________________            DOB: ____________________________

Email address: __________________________________________________________________________

Telephone: Home __________________ Business          _____________ Cell___________________

Personal Website Address (if applicable): _________________________________________________

Please indicate with a check (   ) Single   (  ) Married   (   )Divorced

Are you an ordained Baptist Minister? (please check one) (    ) Yes   (   ) No

If yes, provide date and place of Ordination: ____________________________________________

Have you ever filed for bankruptcy? (   ) Yes    (   )   No

If yes, please state the nature and circumstances of the claim: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Has a local, state, federal or other agency filed a claim against you?  (    ) Yes    (    ) No

If yes, please state the nature and circumstances of the claim:_____________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
EDUCATIONAL BACKGROUND

Name of School_____________________________________________________________________

Location (Complete Mailing Address) ________________________________________________
__________________________________________________________________________________
No. of Years Completed_______________________    Major:  ____________________________
Degree or Diploma:  __________________________  College/University_________________________
Graduate School____________________________     Seminary School_________________________ 

ADDITIONAL ACADEMIC EXPERIENCE (POST-SECONDARY)

Please list courses attempted and whether or not completed; P/T or F/T; dates; institutions and awards received.

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Please briefly describe your general background: Summarize your ministry strengths and weaknesses; ministry preferences and vision; and your special interests in ministry.

__________________________________________________________________________________
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__________________________________________________________________________________

Have you ever been convicted of a felony?  ( )Yes   ( ) No

If yes, please state the nature of the crime (s), when and where convicted and disposition of the case:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

MU 2
If you answer “Yes” to any of the questions in the following section, please attach a separate sheet indicating the nature of the suit, offense, date, court, and disposition or other appropriate explanation. A conviction record will not automatically be a bar to employment. Factors such as your age at the time of this crime, seriousness and nature of the violation, time elapsed since the crime, job relatedness, and subsequent rehabilitation will be considered.

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer  
   ( ) Yes ( ) No

2. Have you ever been suspended, discharged or resigned in lieu of discharge from any position?  
   ( ) Yes ( ) No

3. Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior, or violation of an employer’s sexual misconduct or harassment policy?  
   ( ) Yes ( ) No

4. Have you ever been charge in civil or criminal proceedings with improprieties regarding children?  
   ( ) Yes ( ) No

5. Have you ever entered a plea of guilty, a plea of “no contest” (no 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 ( ) No

WORK EXPERIENCE

Please list your work and/or ministry experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if necessary.

Name of Employer: __________________________________________________________________
Name of last supervisor:  ______________________________________________________________
Address____________________________________________________________________________
Start Date:  __________________________ Starting Salary:  _______________________________
End Date:   __________________________ Ending Salary:   _______________________________
City________________________   State_____________________  Zip________________________
Phone Number: _________________________   Last job title: ______________________________
Reason for leaving (be specific):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

May we contact this employer for a reference?     (    ) Yes           (   ) No
Name of Employer: ________________________________________________________________

Name of last supervisor: __________________________________________________________

Address: ________________________________________________________________________

Start Date: ___________________________ Starting Salary: _____________________________

End Date: ___________________________ Ending Salary: ________________________________

City ___________________________ State ___________________ Zip _______________________

Phone Number: _________________________ Last job title: ______________________________

Reason for leaving (be specific):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

May we contact this employer for a reference? ( ) Yes ( ) No

Name of Employer: ________________________________________________________________

Name of last supervisor: __________________________________________________________

Address: ________________________________________________________________________

Start Date: ___________________________ Starting Salary: _____________________________

End Date: ___________________________ Ending Salary: ________________________________

City ___________________________ State ___________________ Zip _______________________

Phone Number: _________________________ Last job title: ______________________________

Reason for leaving (be specific):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

May we contact this employer for a reference? ( ) Yes ( ) No
Name of Employer: ________________________________________________________________
Name of last supervisor: __________________________________________________________
Address ______________________________________________________________________
Start Date: _______________     Starting Salary: ________________________________
End Date: _______________     Ending Salary: ________________________________
City________________________   State_____________________  Zip________________________
Phone Number: _________________________   Last job title: ______________________________
Reason for leaving (be specific):  
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
May we contact this employer for a reference?  ( ) Yes           ( ) No
What evidence is there that you are able to operate cross-culturally and be at home in a multi-cultural community? What experience have you had in a multi-cultural community?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
LEADERSHIP ROLES

Leadership of a church involves several roles.

CHURCH LEADERSHIP RESPONSIBILITIES
1. General Pastoral Care
2. Oversight and coordination of day-to-day operations of the church
3. Preaching
4. Management and Administration
5. Youth Ministry
6. Training, counseling, teaching and mentoring
7. Outreach to the wider community
8. Support and oversight of staff and volunteers (leaders and coordinators of various activities)
9. Collaborative decision making in boards and committees
10. Personal professional development
11. Networking, facilitating partnerships, promoting unity
12. Visiting the Sick & Shut-In

In which of the above areas are you the strongest? Explain -

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

In which of the above areas do you need improvement? Explain -

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
PROFESSIONAL REFERENCES
Do not list family members or relatives for references.
Give three references who are qualified to speak of your spiritual experience and Christian service.

1. Name___________________________________________________________________________
Complete Address_______________________________________________________________
Phone: ______________________________   Position:  ____________________________________

2. Name____________________________________________________________________________
Complete Address_______________________________________________________________
Phone: ______________________________   Position:  ____________________________________

3. Name____________________________________________________________________________
Complete Address_______________________________________________________________
Phone: _______________________________   Position:  ____________________________________

Give three references who are qualified to speak of your professional training and experience.
List your current or most recent supervisor first.

1. Name___________________________________________________________________________
Complete Address_______________________________________________________________
Phone: ______________________________   Position:  ____________________________________

2. Name____________________________________________________________________________
Complete Address_______________________________________________________________
Phone: ______________________________   Position:  ____________________________________

3. Name____________________________________________________________________________
Complete Address_______________________________________________________________
Phone: _______________________________   Position:  ____________________________________

Agreement
(Please read carefully before signing) - Initial the paragraph and sign below. I certify that all the information in this application is accurate and complete to the best of my knowledge and I have not knowingly withheld any information that might adversely affect my chances for employment. I understand and voluntarily consent to an investigation of my background including but not limited to criminal, civil suits, financial, and law enforcement agencies. I understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

Initials________________
Signature of Applicant: ____________________________________   Date: _____________________