

UNION GOSPEL MISSION OF SALEM

Last Name (Please Print)	First	Middle
Position Applying for	Date of Application	

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

- Union Gospel Mission of Salem maintains a drug & alcohol free and a smoke free workplace. No smoking is allowed in Mission buildings or on Mission property.
- The hiring process may require applicants to undergo drug & alcohol screening.
- You are welcome to include a cover letter, resume or other information. All attachments will become a part of this application.
- Applications must be completed in full even if a resume is attached.
- Only fully completed applications will be maintained on active status for a period of 30 days.
- All applications become the property of Union Gospel Mission of Salem.

The Union Gospel Mission incorporated in 1953 as a Church charged with the responsibility of reaching others for Christ. Our Mission Statement calls us to be "***A Christ centered ministry demonstrating God's Love by meeting physical, mental and spiritual needs of men, women and children in crisis. Proclaiming the Gospel of Christ in word and deed.***" As such, every position at UGM of Salem is an extension of this ministry and therefore a ministry of the Christian faith.



Restoring Hope . . . Restoring Lives
P. O. Box 431, Salem, OR 97308-0431
Phone 503.362.3983 Fax 503.399-5646
www.ugmsalem.org

FORMER EMPLOYERS: List employers, **starting with present** or most recent for last 10 years.

Dates Employed Month & Year	Name, Address and Phone No. of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

(Use back to list additional employers, if needed)

Explain any gaps in employment: _____

MILITARY SERVICE RECORD: Complete, if applicable.

From	Branch of Service	Rank on Discharge	Status at Discharge
To			

REFERENCES: At least three (3) persons (not family relatives) whom you have known at least two years.

Name	Address and Phone Number	Relationship (How do you know)	Years Acquainted
1			
2			
3			

Union Gospel Mission of Salem – Statement of Faith

WE BELIEVE:

- We believe the Bible to be the inspired, infallible and authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father; Son; and the Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
- We believe in the bodily resurrection of the just and unjust, the everlasting blessedness of the saved, and the everlasting conscious punishment of the lost.
- We believe in the spiritual unity of believers in Christ.

Do you agree without reservation with the Union Gospel Mission of Salem's Statement of Faith above?

_____ Yes _____ No If No, with which statements do your beliefs differ?

Please explain: _____

While the Union Gospel Mission of Salem is decidedly evangelical and Christ-centered, our staff come from varying denominational backgrounds and traditions. Are you willing to work and cooperate with Christians whose specific traditions and doctrinal practices may differ from your own? _____ Yes _____ No

Have you accepted Jesus Christ as your Lord and Savior? _____ Yes _____ No

Please describe your relationship with Jesus Christ: _____

Do you regularly attend a local church? _____ Yes _____ No

Church Name: _____ Pastor: _____

Address: _____ Phone (____) _____

Briefly describe your church involvement: _____

UNION GOSPEL MISSION OF SALEM

**TO COMPLETE YOUR EMPLOYMENT APPLICATION WITH
THE UNION GOSPEL MISISON OF SALEM, OREGON,
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.
THIS SECTION MAY NOT BE ALTERED.**

I hereby affirm that the information and statements made in this Application and any attachments are true and complete to the best of my knowledge. I also agree that falsified information of significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date.

I understand that my employment can be terminated, with our without cause, at any time at the discretion of either the Mission or myself. I understand that no management official other than the Executive Director (President//CEO) of the Union Gospel Mission of Salem has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize person, schools, my current employer and previous employers and organization named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

I release all parties from liability for any damages that may result from furnishing same to the Union Gospel Mission of Salem.

Print Name _____

Signed _____

Date _____



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DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

In relation to your involvement with Union Gospel Mission of Salem, (“UGM”) as an Employee, Client Program Member or Volunteer, criminal background reports may be requested from Criminal Information Services, Inc. (“CRIS”). Criminal background screening can access data made available to CRIS through all public records. This may include information concerning your driving record, criminal records, etc. from federal, state and other agencies which maintain such records.

AUTHORIZATION

I AUTHORIZE, WITHOUT RESERVATION, CRIS, AND ANY PARTY OR AGENCY CONTRACTED BY CRIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION TO UGM.

CRIS is authorized to disclose all information obtained to UGM for the purpose of making a determination as to my eligibility for Employment, Client Program participation or Volunteering. If accepted, in any capacity with UGM, this authorization shall remain on file at UGM.

By signing below, I certify that I have read and fully understand this authorization, that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization voluntarily and with the knowledge that the information being released could affect my being hired, accepted into client programs or volunteering.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other names you have used:

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Driver's License Number _____ State Issuing License _____