

Review & sign the attached employment application documents to GET The JOB!

- Employment Application
- Consent to Email Paycheck Stubs
- Direct Deposit Authorization Form
- Independent Contractor Agreement
- W-9

Email: [cyberpower@fcicministries.com](mailto:cyberpower@fcicministries.com)



We are a Christian based Virtual Call Center stationed in the United States. Our leadership holds various awards in management, specializes in differentiating program guides to promote success, known for God driven customer service experiences, and selflessly operates with a spirit of excellence to gift customers a life changing encounter.

If you are applying from [www.fcicministries.com/cyberpower](http://www.fcicministries.com/cyberpower), review and sign each form, save these documents as a pdf, then email all documents to the corporate office.

Title: \_\_\_\_\_

Name \_\_\_\_\_ (must match your social security card)

First                      Mi                      Last

State of Residence: \_\_\_\_\_

Gender: \_\_\_\_\_

Are you older than 18 years of age: \_\_\_\_\_

Email: \_\_\_\_\_

Username: \_\_\_\_\_ (recommended: first initial and last name)

Password: \_\_\_\_\_ (cannot be first name, last name, or username)

Address: \_\_\_\_\_ (must match your license)

City, State, and Zip Code: \_\_\_\_\_

(not hiring in CA, CT, MD, MA, NY, OR, & WI)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Highest level of education you have completed \_\_\_\_\_

Is English your primary language? \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

Do you give CyberPower permission to prepare and sign the necessary Arise documents to employ you? \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*must be valid or you will be locked out of the system*



## CyberPower Call Center Inc

### Employment Application

CyberPower Corporate Office Mailing Address  
 P.O. Box 541541  
 Grand Prairie, Texas 75054  
 Email: [cyberpower@fcicministries.com](mailto:cyberpower@fcicministries.com)

### **Criminal Background Check Information: (No Convicted Felons. Some misdemeanors are hired.)**

Username: \_\_\_\_\_

Password: \_\_\_\_\_ (must have an uppercase and lowercase letter, number, and symbol but no consecutive numbers ex 123)

Favorite Cartoon Character: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street Address                      City                      State                      Zip Code

How long have you lived here? \_\_\_\_\_ / \_\_\_\_\_

month    year

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CyberPower Call Center Inc



## Consent For E-mailed Pay Stubs

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By signing below, I hereby consent to receiving my payroll stubs and any and all payroll-related notices, disclosures, and other communications electronically via email. I understand that my consent to receive electronic delivery of such communications is voluntary, and may be withdrawn at any time. It is my responsibility to ensure my contact information is accurate, complete, and is updated as often as is necessary. I also understand that any changes I make to my contact information, especially my email address, may affect or prevent the electronic delivery of such payroll stubs and communications. I acknowledge that I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this form will be provided to your email once signed. Questions? Contact the CyberPower Corporate office at 469-671-6688 (text only).

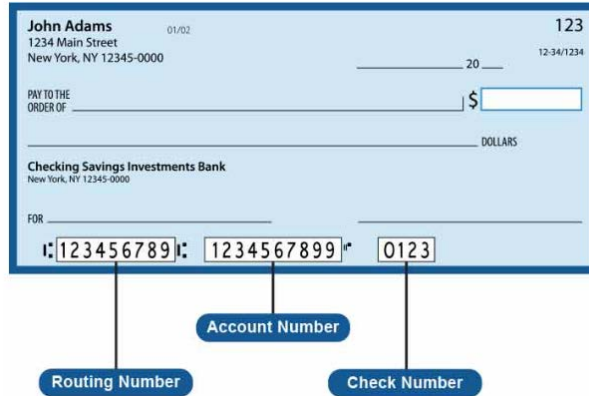


# Direct Deposit Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Entire paycheck will be deposited to the above account after servicing fees.

Type of Account: \_\_\_\_\_

CyberPower Call Center Inc is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Square Cash App Hashtag Authorization

I am providing my square cash app hashtag (\_\_\_\_\_) to receive my paycheck to avoid direct deposit service fees, a waiting period of 1 to 2 weeks for my paycheck, and receive company bonuses. The Direct Deposit Authorization Information is provided as a secondary option. The bank routing number is \_\_\_\_\_ and the account number is \_\_\_\_\_.

I will NOT be providing my square cash app hashtag to receive my paycheck to avoid direct deposit service fees, a waiting period of 1 to 2 weeks for my paycheck, and receive company bonuses.



## Independent Contractor Agreement

This Independent Contractor Agreement for Call Center Support Services is dated \_\_\_\_\_ and is between FCIC Spiritual Realm Inc and CyberPower Call Center Inc ("Support Company") and \_\_\_\_\_  
First and Last Name

("Authorized User"). Collectively, Authorized User and Support company will be referred to as the parties and individually as a "party".

In consideration of the mutual covenants included in this Independent Contractors Agreement, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

### A. Independent Contractor Relationship:

- I. The Authorized User is not employed by Support Company, Arise ("Arise") or any Client the Authorized user chooses to provide Client Support Professional services to. The Authorized user is an independent contractor will be responsible for paying applicable Federal, State, or local taxes.
- II. The Authorized User understands that they can be engaged in independently established trade, occupation, profession, or business and are allowed to represent competitors and also hold other full time occupations.
- III. The Authorized User understands that they are not obligated to service only Support Company and may provide services to other clients in the same field of work.
- IV. Support Company will not pay for or reimburse Authorized User for any travel business related expenses.
- V. The Authorized User is responsible for paying their own medical and dental insurance and are not eligible for unemployment, overtime, or benefits. The Authorized User is responsible for their own retirement savings.
- VI. The Authorized User is responsible for any fees incurred related to operating their business. The Authorized User understand that they may incur a loss by investing in their own equipment, home office space, and certification.
- VII. The Authorized User agrees to hold and maintain any state of local business license that may be required, and if necessary, any occupational license, insurance or bonding. To see what license(s) your State requires as a Sole Proprietorship please visit <http://www.nolo.com/legal-enclopedia/50-state-guide-establishing-sole-proprietorship.html>.
- VIII. The Authorized User will receive a Form 1099 in January the following year for tax purposes and must report all earnings for self-employment to IRS.
- IX. Each party acknowledges and agrees that it is, and will at all times during term of this Independent Contractor Agreement be deemed, an independent contractor of the other party. Each party will have exclusive control of the manner, means, location, and details of accomplishing the services that it contracts to.

### M. Confidentiality:

- I. The Authorized User will never disclose confidential or proprietary information about Support Company, Arise, or any client affiliate of Arise to anyone outside of Arise Support Company.

### N. Miscellaneous

- I. The Authorized User also understands and agrees that if the Authorized User chooses to leave the Support Company and become their own IBO with Arise for a period of five (5) years thereafter, after the termination thereof, regardless of the reason for the Authorized User termination, will not, directly or indirectly, on their own behalf or on behalf of or in conjunction with any person or legal entity, recruit, solicit, or induce, or attempt to recruit, solicit, or induce, any Independent Contractor of the Support Company, to terminate their Independent Contractor relationship with Support Company. Nor will the Authorized User interfere with Support Company's relationship with any such persons, or endeavor to entice them away from the Support Company, or aid any the person(s) in enticing them away from Support Company.

### O. Prior Agreement

- I. This Agreement supersedes and replaces any and all previous Independent Contractor agreements between the parties.

The parties have caused this Independent Contractors Agreement to be execute by their duly authorized officers as of the date set forth above.

### Authorized User

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: Client Service Professional

