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

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

Signature:

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

Email: 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.

Name			(must ma	atch your social security card)
First State of Residence: Gender:	Mi	Last	Christian Based	CyberPower Call Center Inc
Are you older than 18 years of	age:	-	Virtual Call Center	Employment Application
Email: Username:				CyberPower Corporate Office Mailing Address P.O. Box 541541 Grand Prairie, Texas 75054
Password:	(cannot	be first name, last	name, or username)	Email: cyberpower@fcicministries.com
Address:		(must m	atch your license)	
City, State, and Zip Code:				
	(not h	iring in CA, CI	, MD, MA, NY, OI	R, & WI)
Home Phone:	_ Mobi	le Phone:		
Highest level of education you	have complet	ed		
Is English your primary langua	ge?	-		
What other languages do you s	peak?			
Do you give CyberPower perm	ission to prepa	are and sign the	necessary Arise docu	uments to employ you?
SSN D must be valid or you will be loc.	ate of Birth ked out of the system	n//	_	
Criminal Background Check	Information:	(No Convicted Fe	lons. Some misdemear	nors are hired.)
Username:				
Password:	(must have an	uppercase and lowe	rcase letter, number, and	symbol but no consecutive numbers ex 123)
Favorite Cartoon Character:				
Current Address: Street Add	ress	City	State Zip Co	How long have you lived here? /

Date:





**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 I understand that my consent to receive electronic delivery of such communications is voluntary, and my be withdrawn at any time. It is my responsibility to endure 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:	

John Adams 1234 Main Street New York, NY 12345-0000		123 20
PAY TO THE ORDER OF		\$\$
Checking Savings Investments New York, NY 12345-0000 FOR I: 123456789 I:	Bank	
	Account Number	
Routing Number	CI	heck Number

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 Proprietor 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 relatinship with Support Company. Nor will the Authorized User interfer 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**

 Signature:

Date:



	W.	_ <b>Q</b>
Form		- J
(Rev. C	ctober	2018)
Departn	nent of t	he Treasury
Internal	Revenue	e Service

# Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Do	
<b>Alter</b>	
<b>this</b>	
IRS	
Form	

ei i	2 Business name/disregarded entity name, if different from above					
on page 3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.     Individual/sole proprietor or C Corporation S Corporation Partnership	eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
type.	single-member LLC					
rint or Instru	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification.	Exemption from FATCA reporting code (if any)				
ecific	☐ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)			
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)			
See	6 City, state, and ZIP code	CyberPower Call C P.O. Box 541541 <b>G</b> rand Prairie, Tex				
[	7 List account number(s) here (optional)					

# Part I Taxpayer Identification Number (TIN)

Number To Give the Requester for guidelines on whose number to enter.

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later. **Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and* 

Social s	secur	ity nu	nber			
or		-		] -[		
Employ	er ide	entific	ation r	numbe	r	1
	_					1

#### Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of		
nere	U.S. person		

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

# **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X