LITERATURE EVANGELIST

Application for Independent Contractor Status

(This form is to be completed by each applicant for the Literature Ministry)

Today's Date					
Name in full	Tel	Telephone			
Current Address	City	StateZip			
Mailing Address (if different from above)		City			
State Zip How long have you lived	d at your present ad	dress?			
Email Address					
General	Information				
Are you a member of the Seventh-day Adventist Church	h? □ Yes □ N	lo			
How long have you been a Seventh-day Adventist? Date baptized					
Where is your present church membership?					
Do you believe God is calling you to have a part in the	literature ministry?				
Do you have an automobile? Make		Year			
Name of insurance carrier and policy #					
General Experi	ence and Edu	ication			
High School or Academy					
College Graduate/Tech School		Degree earned			
Other Training	Degree earned				
What languages do you speak fluently?					
Have you ever been convicted of a felony (federal, loca	l, or military)? □ Y	es 🗆 No			
If yes, please explain (conviction will not necessarily di	isqualify applicant)				

Have you ever been charged or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse?

	$Yes \square No$
If yes, please explain below and give the na	ame and address of a reference/professional who managed the case.
Date	Place
Type of Conduct	
Reference/Professional name & phone #	
Reference/Professional address	
Have you ever been discharged or asked to	resign? \Box Yes \Box No
If yes, explain	
Have previously worked for the denomination	on? \Box Yes \Box No Where?
Record	of Profession or Occupation
May we contact your present employer? \Box	Yes \Box No
(List most recent employment first)	
From date/To date	
Name of Employer	
Email Address and Phone #	
Position held and name of supervisor	
Earnings	
Reason for leaving	
From date/To date	
Name of Employer	
Email Address and Phone #	
Position held and name of supervisor	
Earnings	
Reason for leaving	

From date/To date	
Name of Employer	
Email Address and Phone #	
Position held and name of supervisor	
Earnings	
Reason for leaving	

References

(Do not refer to relatives or mere acquaintances. Give names of people who know you well, either personally or in your business. Please include the name and address of your current pastor.)

1. Name	
Occupation	
Email Address and Phone #	
2. Name	
Occupation	
Email Address and Phone #	
3. Name	
Occupation	
Email Address and Phone #	
If employed, how much monthly income do you consider	necessary?
Would you relocate? Ves No	
In the space below, briefly describe why you desire to enter a successful Literature Evangelist.	er the literature work and why you think you would make
<u></u>	
{I understand that if chosen to be a Literature Evangelist, Independent Contractor Status.}	I will be asked to sign the LE Contract outlining the
Signed	(Signature of Applicant)
Signed	(Signature of Pastor)

CONSENT/RELEASE

I have authorized any references, schools, current or former employers, current or former supervisors, churches or any other person or organizations, whether or not identified in this information form, to give you any information (including opinions) regarding my character and fitness for employment. I also authorize Kentucky-Tennessee Conference of Seventh-day Adventists to seek investigative background inquiries (consumer report) through a third-party agency including criminal convictions, motor vehicle, and other reports. This consumer report will NOT include my credit report unless specifically authorized by me. I understand that information will be requested from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

I also hereby permit my present and prior employer(s) to disclose to Kentucky-Tennessee Conference of Seventh-day Adventists information in their possession or subject to their care custody or control, including information contained in my personnel or any other file(s). In this regard, I hereby release any individual, employer, church or reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this information form, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempt to comply with this authorization or to make an employment decision based upon the requested information, excepting only the communication of knowingly false information.

I have the right to make a request of First Advantage Company, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. A facsimile or photocopy of this authorization shall be as valid as the original.

Print your name				
Street Address				
City		State		_Zip
Social Security Number				
Drivers License State	License Num	ber		
For Identification Purposes				
Date of Birth Month	_ Day Y	ear	_Race	Gender
Other or Former Names				
Date	Signature			