Questionnaire for Determining Independent Contractor Status

Purpose: The purpose of the completion of this questionnaire is to determine if an individual qualifies and may be engaged as an Independent Contractor.

This questionnaire should be completed and signed by the prospective independent contractor and signed off by the requestor, and turned in to Human Resources or designated departmental contact, along with Statement of Work and any documentation supporting Independent Contractor designation (business cards, website address and contents, client lists, and other business materials) three weeks in advance of the proposed engagement.

Note: The completion of this questionnaire along with an approved designation of independent contractor status from Human Resources or designated departmental contact, and an appropriately executed Measured Progress contract (from the Contracts and Procurement Department) is required prior to the commencement of any contracted work.

______________________________

General Information: (for the prospective independent contractor)

Name:
Address:
Email:
Phone:

Please answer the following questions:

1. Do you possess, or have you applied for a federal employer identification number?
   Yes_____ No _____ Federal Employer Identification Number __________________

2. Do you possess a Social Security Number?
   Yes_____ No _____

3. Are you incorporated? Yes_____ No _____

   If yes, can you provide documents to substantiate that designation (e.g., a commercial website, other customers/clients, business cards, on-going operating expenses, examples of business materials, forms, or business expenses?) Please attach examples.
4. What address do you use for your consulting practice?
_______________________________________________________________________________________
_______________________________________________________________________________________

5. Where do you advertise your services? Check all that apply.
   ____ Networking  ____ Internet  ____ Publications  ____ LinkedIn  ____ Other
   ____ Social Media

   Please Describe Advertising Outreach:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

6. Do you have other active/recent clients that you have performed services for within the past six months? Is yes, how many?
   Yes_____  No _____
_______________________________________________________________________________________

7. Do you have control and discretion over the means and manner of performance of the work, in that the result of the work, rather than the means or manner by which the work is performed, is the primary element bargained for by the employer?
   Yes_____  No _____

8. Do you have control and discretion over the time when the work is performed, and the time of performance is not dictated by the employer? (Note: Agreements on completion schedule range of work hours, and maximum number of work hours can be established.)
   Yes_____  No _____

9. If applicable, do you hire, pay and supervise your own assistants?
   Yes_____  No _____  Not applicable _____

10. Are you currently a full time employee of another business entity?
   Yes_____  No _____
11. Are you self-identified as being in business for yourself, or are you registered with the state as a business having continuing or recurring business liabilities or obligations (such as office maintenance expenses, equipment, phone/internet usage expenses that are attributed to your business?)

Yes____   No _____

12. Are you contractually responsible for the satisfactory completion of the work, and do you incur associated economic or financial risk for failure to fulfill contracted obligations?

Yes_____ No _____

13. Are you able to work for other employers? Not required to work exclusively for one employer?

Yes_____ No _____

Acknowledgement - by signing below I acknowledge that the information I have provided is true, correct, and complete.

_________________________________________________________  ________________
Proposed Contractor Name/Signature  Date

Acknowledgement – by signing below I acknowledge that I have reviewed the information provided and concur with the outcome of questions 7 and 8 based on the scope of work provided for this consulting assignment.

_________________________________________________________  ________________
Measured Progress Requestor Name/Signature  Date

Information below is to be completed by an assigned Measured Progress authorized representative

________________________________________________________________________________________

If ALL of the above answers are yes, it is likely that this individual would be qualified as an independent contractor. If ANY of the answers are no, it is likely that the person would be classified as a payrolled contingent worker.

_________________________________________________________  ________________
Measured Progress Authorized Representative Name/Signature  Date

Please check one:
Independent Contractor________ or Payrolled Contingent Worker________

Effective as of: 06/15/2017