



WORKER RELATIONSHIP QUESTIONNAIRE

JOB SERVICE NORTH DAKOTA
SFN 50724 (R. 2-07)

Check our Web Page @
www.jsnd.com

This information is required to determine whether a worker is an employee or independent contractor for purposes of the North Dakota Unemployment Compensation Law.

This questionnaire should be completed for at least one individual who is representative of the class of workers whose status is in question. A separate questionnaire must be completed when a written determination is desired for more than one class of workers or if the facts are materially different within the same class of workers.

NOTE: Pursuant to Section 52-01-01 (17) (e), NDCC, a worker is deemed to be an employee unless it is shown that he or she has the status of an independent contractor.

OWNER, PARTNERS, OR CORPORATE NAME			
TRADE NAME			
ADDRESS			
TEL. NO.		ACCOUNT NUMBER	
NAME OF REPRESENTATIVE WORKER		SSN	
ADDRESS OF REPRESENTATIVE WORKER		TEL. NO.	

This questionnaire is being completed by FIRM WORKER

All items must be answered. If you need more space, attach another sheet.

1. a. Describe the nature of the firm's business.

1. b. Give a complete description of the work done by the worker. _____
1. c. Is the type of service performed by the worker the same type of service provided by the firm? YES NO
2. a. If the work is done under a written agreement or contract, attach a copy of an actual contract signed by the firm and the worker.
2. b. If the agreement is not in writing, describe the terms and conditions of the work agreement. _____
2. c. If the actual working arrangement differs in any way from the agreement, explain the differences and why they occur.

3. a. Is the worker given training by the firm ? YES NO

If yes:	What kind?	
	How often?	
3. b. Is the worker given instructions in the way the work is to be done? YES NO
If yes, give specific examples: _____

3. c. Attach representative copies of any written instructions or procedures.

3. d. Does the firm have the right to change the methods used by the worker or give direction on how to do the work?
 YES NO
 Explain your answer: _____

3. e. Does the operation of the firm's business require that the worker be supervised or controlled in the performance of the service?
 YES NO
 Explain your answer: _____

4. a. The firm engaged the worker for:
 Particular job Indefinite period Other (Explain) _____

4. b. Is the worker required to follow a routine or a schedule established by the firm? YES NO
 If yes, what is the routine or schedule? _____

Does the worker report to the firm or its representative? YES NO
 If yes:

How often?

For what purpose?

In what manner?

4. d. Attach copies of report forms used in reporting to the firm.

4. e. Does the worker furnish a record of time worked to the firm? YES NO
 If yes, attach copies of time records.

5. a. State the kind and value of tools and equipment furnished by:
 The firm _____

The worker _____

5. b. The kind and value of supplies and materials furnished by:
 The firm _____

The worker _____

5. c. What expenses are incurred by the worker in the performance of services for the firm? _____

5. d. Does the firm reimburse the worker for any expenses? YES NO
 If yes, specify the reimbursed expenses. _____

6. a. Is it understood that the worker will perform the services personally? YES NO

6. b. Does the worker have helpers? YES NO

If yes:

Are the helpers hired by: FIRM WORKER

If hired by the worker, is the firm's approval necessary? YES NO

Who pays the helpers? FIRM WORKER

Who reports the helper's income to the Internal Revenue Service? FIRM WORKER

If the worker pays the helpers, does the firm repay him? YES NO

6. c. What services do the helpers perform? _____

7. At what location are the services performed?
 FIRM'S WORKER'S OTHER (Specify) _____

8. Type of pay worker receives: SALARY COMMISSION HOURLY WAGE PIECEWORK
 LUMP SUM OTHER (Specify) _____

9. a. Is the worker eligible for a pension, bonuses, paid vacations, sick pay, etc.? YES NO
 If yes, specify: _____

9. b. Does the firm carry worker's compensation insurance on the worker? YES NO

9. c. Does the firm deduct Social Security tax from amounts paid the worker? YES NO

9. d. How does the firm report the worker's income to the Internal Revenue Service?
 FORM W-2 FORM 1099 DOES NOT REPORT OTHER (Specify) _____

9. e. Does the firm bond the worker? YES NO

10. a. Approximately how many hours a day does the worker perform services for the firm? _____

10. b. Does the worker perform similar services for others? YES NO
 If yes:
 Are these services performed on a daily basis for other firms? YES NO
 Percentage of time spent in performing these services for:
 This Firm _____ % Other Firms _____ % _____ Unknown
 Does the firm have priority on the worker's time? YES NO
 If no, explain: _____

10. c. Is the worker prohibited from competing with the firm either while he is performing these services or at any later period?
 YES NO

11. a. Can the firm discharge the worker at any time without incurring a liability? YES NO
 Explain: _____

11. b. Can the worker terminate services at any time without incurring a liability? YES NO
 Explain: _____

12. a. Does the worker perform services for the firm under:
 THE FIRM'S BUSINESS NAME WORKER'S OWN BUSINESS NAME OTHER (Specify) _____

12. b. Does the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc.?
 YES NO UNKNOWN If yes, how? _____

c. Does the worker represent himself to the public as being in business to perform the same or similar services?
 YES NO UNKNOWN If yes, how? _____

12. d. Does the worker maintain an established shop or office? YES NO UNKNOWN
 If yes, where? _____

12. e. Does the firm represent the worker as an employee of the firm to its customers? YES NO

If no, how is the worker represented? _____

12. f. How did the firm learn of the worker's services? _____

13. Is a license necessary for the work? YES NO UNKNOWN

If yes:

What kind of license is required? _____

By whom is it issued? _____

By whom is the license fee paid? _____

14. Does the worker have a financial investment in a business related to the services performed?

YES NO UNKNOWN

If yes, specify and give amounts of the investment. _____

15. Can the work incur a loss in the performance of the service for the firm? YES NO

If yes, how? _____

16. Has any other government agency ruled on the status of the firm's workers? YES NO

If yes, attach a copy of the ruling.

ANSWER #17 IF THE WORKER IS A SALESPERSON OR PROVIDES A SERVICE DIRECTLY TO CUSTOMERS

17. a. Are leads to prospective customers furnished by the firm? YES NO DOES NOT APPLY

17. b. Is the worker required to pursue or report on leads? YES NO DOES NOT APPLY

17. c. Is the worker required to adhere to prices, terms, and conditions of sale established by the firm? YES NO

17. d. Are orders submitted to and subject to approval by the firm? YES NO

17. e. Is the worker expected to attend sales meetings? YES NO

If yes:

Is the worker subject to any kind of penalty for failure to attend? YES NO

17. f. Does the firm assign a specific territory to the worker? YES NO DOES NOT APPLY

17. g. Who does the customer pay? FIRM WORKER

17. h. Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment?

YES NO

ANSWER #18 IF THE WORKER PROCESSES A PRODUCT IN THEIR HOME:

18. a. Who furnishes materials or goods used by the worker? FIRM WORKER

18. b. Is the worker furnished a pattern or given instructions to follow in making the product? YES NO

18. c. Is the worker required to return the finished product to the firm or to someone designated by the firm? YES NO

19. Explain in detail any additional information bearing on whether the worker is an independent contractor or is an employee of the firm.
