

This form is to be completed by individuals who are interested in obtaining personal coverage.

For the purposes of this questionnaire, **individual** refers to the applicant and **company** refers to the company that hires you to do the work.

Name of Individual	Trade Name
Mailing Address	
Telephone Number	Fax Number

For WorkplaceNL Use Only:

Form Sent by	Company Name	Firm Number
--------------	--------------	-------------

Do you hire other individuals/helpers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, are they:	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Casual

If you answered **"No"** to this question, continue to **Part A** and complete the remainder of this Questionnaire.

If you answered **"Yes"** to this question, there is no need for you to complete the remainder of this questionnaire. You are NOT an Independent Operator but an employer who must register with WorkplaceNL. Coverage for your worker(s) is mandatory under the Workplace Health, Safety and Compensation Act. Please contact WorkplaceNL to register your company.

SECTION A (Integral Test)

Please answer all questions.

1. Why are you requesting coverage? (e.g., company you will be working for requires you to have coverage)
2. If you currently have a contract, what is the name of the company you have a contract with?
a. Describe the type of work done by the company.
b. Describe the type of work you do for this company.

SECTION A (Continued)

3. If you do not currently have a contract, are you on a call-in list with any company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. What is the name of the company(ies)?		
b. Describe the type of work done by the company(ies).		
c. Describe the type of work you will do for the company(ies).		

SECTION B (Control Test)

Answer the following questions regarding your work noted in Questions 2 or 3 in SECTION A. **Please answer all questions.**

4. Will you be issued a T4 or T4A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> T4	<input type="checkbox"/> T4A
a. Please indicate the name of company(ies) who will issue the T4 or T4A.		
5. Are you working or did you have contracts with more than one company? If yes, list all companies you are working for and provide start and end dates of work. (Copies of invoices may be requested to verify this information.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.		
b.		
c.		
d.		
6. Are you required to wear a company uniform or display a company logo? If yes, for which company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Were you interviewed and hired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Did you bid on a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. If you obtained the work by another source, please specify. (e.g., company contacted you)		

SECTION B (Continued)

10. If you are working under contract, what are the terms of the contract?		
a. Is the contract written? (Provide a copy of the written contract)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is the contract verbal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can you subcontract work to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the contract state that you cannot bid on other contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is the work performed on the company premises? If no, where is the work performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are the hours of work set by the company? If yes, what are your hours of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you decide your own vacation time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are you instructed about when, where, and how the work is to be performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you provide only the type of work which is stated in the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are you trained by an experienced employee of the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Is your work supervised by an experienced employee of the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Are you required to attend meetings and follow specific instructions which indicate that the company wants the services performed in a particular manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C (Economic Reality Test)

Please answer all questions.

19. Are you required to use your own equipment for the work you performed? If yes, list equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Are any equipment/supplies used in the work supplied for you by the company? If yes, list equipment/supplies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Are any of your expenses paid? If yes, list expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C (Continued)

22. Who supplies the materials?		
23. Who invoices the customer?		
24. Who decided the amount of payment and manner of payment?		
25. Do you take responsibility for warranty work? If no, who guarantees the work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. If your work is unsatisfactory, who is required to correct it?		
27. If there is any additional work to be done to correct or improve a job, are you required to accept the cost or any other losses due to poor workmanship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Do you advertise by means of business cards, truck signs, yellow pages, newspapers, or other publications? If yes, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a business card, please attach it to this form.		

SECTION D (Specific Result Test)

Please answer all questions.

29. Are you expected to provide your services on an ongoing basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Are you expected to complete specified work for a specific price regardless of how much time involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Are you working on a call-in basis only	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE

Print Applicant Name	Telephone Number
Applicant Signature	Date