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Independent Operator Questionnaire- Prior Year

This form is to be completed by the individual named below concerning service provided for the contract company in the year noted.

Contract Company's Name (Principal)	Contract Year
Name of Individual	Trade Name
Mailing Address	
Telephone Number	Fax Number
Form Sent by	

The purpose of this questionnaire is to enable WorkplaceNL to determine whether you were a worker or an independent operator while you were performing a service for the above referenced company. All questions on this form must be answered. Once the decision is made, you and the company who contracted your services will be notified in writing of your status.

A worker decision would mean that WorkplaceNL has determined that there was an employee/employer relationship and the employer would be responsible for paying the assessments on the labor portion of the contract. If an Independent Operator decision is made, there will be no assessments charged to the company in relation to your contract. As an Independent Operator there was no coverage for you while working under contract for the above referenced company.

Worker or Independent Operator Determinations are for WorkplaceNL's purposes only and do not change any rulings that may have been made for you by any other agencies, such as the Canada Revenue Agency.

For the purposes of this questionnaire, **individual** refers to the person who is providing the service and **company** refers to the company that hired you to do the work.

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. Describe the type of work done by the company who contracted your services (i.e., the company named on page one of this questionnaire).
2. Describe the type of work you did for this company.

SECTION B (Control Test)

Please answer all questions.

3. Were you issued a T4 or T4A? Please indicate the name of company who issued the T4 or T4A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> T4	<input type="checkbox"/> T4A	
4. Did you work or did you have contracts with more than one company? If yes, list these companies, the type of business, briefly describe the work you performed and provide the start and end dates of work. (Copies of invoices may be requested to verify this information.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of Company	Type of Business	Contract Description	Start and End Dates
5. Did you wear a company uniform or display a company logo? If yes, for which company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Were you interviewed and hired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Did you bid on a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. If you obtained the work by another source, please specify. (i.e., company contacted you)			
9. If you were working under contract, what were the terms of the contract?			
a. Was the contract written? (Provide a copy of the written contract)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION B (Continued)

b. Was the contract verbal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Could you subcontract work to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Did the contract state that you could not bid on other contracts or work for other companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Was the work performed on the company premises? If no, where is the work performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Were the hours of work set by the company? If yes, what were your hours of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Was your vacation time approved by this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Were you instructed about when, where, and how the work is to be performed? Please explain the extent of this instruction.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Did you provide only the type of work which is stated in the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Were you trained by an experience employee of the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Was your work supervised by an experienced employee of the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Were 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.

18. Were you required to use your own equipment for the work you performed? If yes, list equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Was any equipment/supplies used in the work supplied by the company? If yes, list equipment/supplies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Were any of your expenses paid in addition to the agreed upon contract amount? If yes, list expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Who supplied the materials?		
22. Who invoiced the company's customer?		

SECTION C Continued

23. Who decided the amount of payment and manner of payment for the work you performed?		
24. Did you take responsibility for warranty work? If no, who guarantees the work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. If your work is unsatisfactory, who is required to correct it?		
26. 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
27. Did 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.

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