

# Independent Contractor Checklist

The following check sheet is intended to be a preliminary help to determine whether or not the ESD can consider employing someone as an Independent Contractor. Managers will use this check sheet to determine if the possibility of hiring someone as an independent contractor exists to some degree. There is no 'magic' number or score on the check sheet which determines the outcome, but obviously the more "yes's" you have checked, the more potential there is that the person would qualify as an Independent Contractor. **The all-important issue is who has the right to control the work as to when and how it is completed. Also, if an individual is employed by a PERS employer, they will most likely be considered an employee with PERS contributions, taxes and withholdings applied.**

**The Director of Human Resources and Business Manager will be the persons in the ESD responsible for the final decision as to whether or not the ESD will enter into a contractor relationship with an individual.**

Indicators of Independent Contractor Status	Yes	No	?
<b>Does the individual work for another PERS employer in a qualified position?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Behavioral Control</u></b>			
Have to independently obtain training (versus do we train him/her)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain Significant control over the means and methods of performing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain the right to delegate work or employ assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine how the desired results will be achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently maintain business registrations, professional or occupational licenses (or both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently maintain membership in a trade or professional association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Financial Control</u></b>			
Have an opportunity for profit or loss on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay his/her own business travel expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a substantial investment in his/her chosen trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide services/make services available to the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercially advertise or maintain business cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Relationship of Parties</u></b>			
File Federal and State income tax returns in the name of his/her business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide services or do similar work for other employers/agencies			
Provide services on a periodic or intermittent basis (rather than regular and continuous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May be dismissed only under the terms of the agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide services not direct or vital to program's central operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently maintain Errors & Omissions or Liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you (or your employees if any) covered for Workers' Compensation Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to bear the risk, responsibility and liability of working without Workers' Compensation Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Number of Responses in Each Column</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Name

Type of Work

Program

Supervisor/Manager Name

Date

**Agreement & Acknowledgement:** All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentation may result in rejection or dismissal of my contract and/or employment.

Contractor Signature  Date