

## INDEPENDENT CONTRACTOR QUESTIONNAIRE

### APPLICANT INFORMATION

**Company/Vendor Name:**

**Vendor Address:**

<b>City:</b>	<b>Prov./State:</b>	<b>Country:</b>	<b>Postal Code/ZIP:</b>
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**Principal Contact:**

<b>Business Type:</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership* <input type="checkbox"/> Incorporated* <input type="checkbox"/> Other* - Please Explain: _____ * This form may not apply; contact Manager, General Accounting for further information.
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<b>Residency:</b> (For Income Tax Purposes)	<input type="checkbox"/> Canadian	<input type="checkbox"/> Non-Resident* * This form may not apply Contact Manager, General Accounting for further information.
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**GST/HST Status:**       Registered      GST/HST Registration #: \_\_\_\_\_ RT \_\_\_\_\_

Small Supplier      (under Sections 148 - Excise Tax Act)

N/A      Please Explain:

**Website URL:**

<b>Affiliation to the university?</b>	<input type="checkbox"/>	Current Employee or Student	<input type="checkbox"/>	Past Employee or Student	Provide last day of employment / enrolment ( MM / DD / YYYY ) ____ / ____ / ____	<input type="checkbox"/>	No Affiliation
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### DEPARTMENT INFORMATION

**Department:**

**Department Contact:**

**Title:**

**Extension:**

**Supervisor's Name & Title:**

### STATEMENT OF WORK

a) Describe in detail the work performed for the University.

b) Is the work confined to a specific project or initiative or is it work of an on-going nature?

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c) Date Work Commenced:
d) End Date of Assignment:
e) Hours and Days of Work:
f) Contract Value:

**LOCATION OF WORK**

a) When the work is performed, is it physically done at the university or is the work performed at another location? Explain.

**PERSONNEL AUTHORITY**

a) Do university employees report to this individual?  Yes (complete chart below)  No

If yes, how many, what are their positions and employment categories (full time, part time, casual, work-study)?

Employment Category	Position(s)	Number Supervised
Full time		
Part time		
Casual		
Work-study/Student		

b) Indicate what authority this individual will have with respect to the relationship with these university employees.

Type of Authority	Yes	No
Hire	<input type="checkbox"/>	<input type="checkbox"/>
Dismiss	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate Performance	<input type="checkbox"/>	<input type="checkbox"/>
Grant/Deny Requests for Vacation, Time Off	<input type="checkbox"/>	<input type="checkbox"/>
Approve Overtime	<input type="checkbox"/>	<input type="checkbox"/>
Assign and Direct Work	<input type="checkbox"/>	<input type="checkbox"/>
Train/Orient Staff	<input type="checkbox"/>	<input type="checkbox"/>
Provide General Guidance	<input type="checkbox"/>	<input type="checkbox"/>

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**ACCESS TO INFORMATION**

In the course of work, does this individual deal with confidential information? If yes, describe the nature of the information and the nature of involvement.

**FINANCIAL RESPONSIBILITY**

Is this individual involved in the development and/or administration of budgets? If yes, explain the scope of involvement and the dollar value of the budget(s)

**CONTROL TEST**

	<b>YORK MANAGER</b>	<b>WORKER</b>
Who is responsible for planning the work to be done?	<input type="checkbox"/>	<input type="checkbox"/>
Who decides how much the worker is to be paid?	<input type="checkbox"/>	<input type="checkbox"/>
Who decides on the time frame?	<input type="checkbox"/>	<input type="checkbox"/>
Who decides how the work is to be done?	<input type="checkbox"/>	<input type="checkbox"/>
Who decides the hours of work?	<input type="checkbox"/>	<input type="checkbox"/>
Who decides the work location?	<input type="checkbox"/>	<input type="checkbox"/>
Who supervises the tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Who sets the standards to be met, quality, volume and time frame?	<input type="checkbox"/>	<input type="checkbox"/>
Who decides if the work needs to be redone and who bears the cost?	<input type="checkbox"/>	<input type="checkbox"/>
If training is involved who pays the costs?	<input type="checkbox"/>	<input type="checkbox"/>

**OWNERSHIP TEST**

Who supplies the office equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Who supplies the materials?	<input type="checkbox"/>	<input type="checkbox"/>
Who assumes the responsibility for the performance of the work?	<input type="checkbox"/>	<input type="checkbox"/>

**CHANCE OF PROFIT/RISK OF LOSS TEST**

Who covers the cost of damage to office equipment or material?	<input type="checkbox"/>	<input type="checkbox"/>
Who covers the cost of liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Who covers office expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Who covers the cost incurred by the worker in carrying out the work?	<input type="checkbox"/>	<input type="checkbox"/>

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INTEGRATION TEST		
	YES	NO
Is the worker an integrated part of the University	<input type="checkbox"/>	<input type="checkbox"/>
Do they work with students or other staff members on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
Is the individual currently or have they been in the past 6 months an employee of York?	<input type="checkbox"/>	<input type="checkbox"/>

**Department Manager:**

*I hereby acknowledge that the information I have provided is true and accurate.*

**Independent Contractor:**

*I have reviewed the information on this form and confirm that it is a true and accurate reflection of the work I will/do perform at YORK UNIVERSITY.*

\_\_\_\_\_  
York University Manager Name (print)      Date

\_\_\_\_\_  
Independent Contractor Name (print)      Date

\_\_\_\_\_  
Email      Telephone

\_\_\_\_\_  
Email      Telephone

\_\_\_\_\_  
York University Manager Signature

\_\_\_\_\_  
Independent Contractor Signature

**CONFLICT OF INTEREST**

**DEPARTMENT/FACULTY**

*I have read and understand the [University Conflict of Interest Policy and Guidelines for Employees](#) and declare that there is no conflict of interest with the above noted Independent Contractor.*

\_\_\_\_\_  
*Department/Faculty Signature*

**INDEPENDENT CONTRACTOR:**

*By policy, York may not acquire goods, materials or services from an employee of York, York's Board of Governors, or any person who is not at arm's length from any employee of York or York's Board of Governors; or from any corporation firm or other business in which an employee or someone who is not at arm's length from an employee of York or York's Board of Governors, is a controlling shareholder or owner without both the full prior disclosure of the conflict of interest and a written waiver of the conflict by the Vice President, Finance and Administration of York or designate. The term "arm's length" means a relationship which is "conducted between parties that have no corporate or other direct connections, or familial relationship with each other, and thus act each in its own self-interest".*

*Failure by a Proponent to declare any situation that may be a conflict of interest or a potential or perceived conflict of interest or to obtain a waiver of any such conflict shall be grounds for York to terminate any contract formed without liability and for cause.*

*I have read and understand the above and declare that there is no conflict of interest between myself and any of the parties mentioned above.*

\_\_\_\_\_  
*Independent Contractor Signature*