



INDEPENDENT CONTRACTOR QUESTIONNAIRE

APPLICANT INFORMATION

Company/Vendor Name:

Vendor Address:

City:	Prov./State:	Country:	Postal Code/ZIP:
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Principle Contact:

Business Type:	Sole Proprietorship	Partnership*	Incorporated*	Other* Please Explain _____
* This form may not apply; contact Manager, General Accounting for further information				

Residency: (For Income Tax Purposes)	Canadian	Non-Resident *
* This form may not apply; contact Manager, General Accounting for further information		

GST/HST Status: Registered
 GST/HST Registration # _____ RT _____

Small Supplier (under Sections 148 – Excise Tax Act)

N/A Please Explain:

Website URL:

Affiliation to the university?	Current Employee or Student	Past Employee or Student	Provide last day of Employment/enrolment (MM / DD/ YYYY) ____ _	No Affiliation
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DEPARTMENT INFORMATION

Department:

Department Contact:

Title:

Extension:

Supervisor's Name & Title:

Provide the cost centre where the services will be charged.	
If charging to a Tri-agency grant (Fund 500 cost centre) please indicate if this individual is eligible to apply/receive a Tri-agency grant.	Yes No

STATEMENT OF WORK

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

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b) Is the work confined to a specific project or initiative, or is it work of an ongoing nature?

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, workstudy)

Employment Category	Position(s)	Number Supervised
Full Time		
Part Time		
Casual		
Workstudy Student		

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

Type of Authority	Yes	No
Hire		
Dismiss		
Discipline		
Evaluate Performance		
Grant/Deny requests for vacation, time off		
Approve overtime		
Assign and direct work		
Train/orient staff		
Provide general guidance		

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

YORK MNGT.

WORKER

Who is responsible for planning the work to be done?

Who decides how much the work is to be paid?

Who decides on the time frame?

Who decides how the work is to be done?

Who decides the hours of work?

Who decides the work location?

Who supervises the tasks?

Who sets the standards to be met, quality, volume and time frame?

Who decides if the work needs to be redone and who bears the cost?

If training is involved, who pays the costs?

OWNERSHIP TEST

Who supplies the office equipment?

Who supplies the materials?

Who assumes the responsibility for the performance of the work?

CHANCE OF PROFIT/RISK OF LOSS TEST

Who covers the cost of damage to office equipment or material?

Who covers the cost of liability insurance?

Who covers the expenses?

Who covers the cost incurred by the worker in carrying out the work?

INTEGRATION TEST

YES

NO

Is the work an integrated part of the university?

Do they work with students or other staff members on a regular basis?

Is the individual currently, or have they, been in the past 6 months an employee of York?

