# Company Name

## Employee or Independent Contractor Checklist

Date

**JOB DESCRIPTION:**

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| |

Company Name CONFIDENTIAL

| **User Checklist** | **Contractor** | **Employee** |
|---|---|---|
| **Control factors:** | | |
| Employer provides training to worker | | |
| Worker works on-site | | |
| Worker works off-site | | |
| Company supervises worker's job | | |
| Worker has regular work hours | | |
| Worker has irregular work hours | | |
| Employer sets work hours | | |
| **Financial factors:** | | |
| Worker is salaried | | |
| Employer sets hourly rate | | |
| Employer provides tools/equipment to worker | | |
| Worker invests in tools/equipment for use in job | | |
| Worker receives benefits from employer | | |
| Worker has ability to have profit or loss from job | | |
| Worker pays own expenses | | |
| **Relationship factors:** | | |
| Worker and employer have contract for services or products | | |
| Worker has ability to hire others to complete a task | | |
| Worker and employer have long-term work relationship | | |
| Work relationship relates only to contract work | | |
| Worker performs similar projects for other companies | | |
| Worker works only for company | | |