



**WORKER RELATIONSHIP QUESTIONNAIRE**  
 JOB SERVICE NORTH DAKOTA  
 UNEMPLOYMENT INSURANCE  
 SFN 50724 (R.02-2026)

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This information is required to determine whether a worker is an employee or independent contractor for purposes of the North Dakota Unemployment Compensation Law.

This questionnaire should be completed for at least one individual who is representative of the class of workers whose status is in question. A separate questionnaire must be completed when a written determination is desired for more than one class of workers or if the facts are materially different within the same class of workers.

NOTE: Pursuant to Section 52-01-01 (17) (e), NDCC, a worker is deemed to be an employee unless it is shown that he or she has the status of an independent contractor.

Owner, Partner or Corporate Name		
Trade Name		Account Number
Address		Telephone Number
City	State	Zip Code

Worker Name		*Social Security Number
Address		Telephone Number
City	State	Zip Code

This questionnaire is being completed by	
FIRM	WORKER

**ALL ITEMS MUST BE ANSWERED. IF YOU NEED MORE SPACE, ATTACH ANOTHER SHEET**

A. Describe the nature of the firm's business.
B. Give a complete description of the work done by the worker.
C. If the work is done under a written agreement or contract, attach a copy of the actual contract signed by the firm and the worker.
D. If the agreement is not in writing, describe the terms and conditions of the work agreement.
E. If the actual working agreement differs in any way from the agreement, explain the differences and why they occur.
F. How did the firm learn of the worker's services?
G. Has any other government agency ruled on the status of the firm's workers? YES      NO

1.a. Is the worker given instructions in the way the work is to be done?

YES NO If yes, give specific examples:

Attach representative copies of any written instructions or procedures.

1.b. Does the operation of the firm's business require that the worker be supervised or controlled in the performance of the services?

YES NO Explain:

2. Is the worker given training by the firm?

YES NO

If yes:

What Kind?

How Often?

3. Is the type of service performed by the worker the same type of service provided by the firm?

YES NO

4. Is it understood that the worker will perform the services personally?

YES NO Explain:

5.a. Does the worker have helpers?

YES NO

If yes:

Are the helpers hired by:

FIRM WORKER

If hired by the worker, is the firm's approval necessary?

YES NO

Who pays the helpers?

FIRM WORKER

Who reports the helper's income to the Internal Revenue Service?

FIRM WORKER

If the worker pays the helpers, does the firm repay the worker?

YES NO

5.b. What services do the helpers perform?

6.a. The firm engaged the worker for:

PARTICULAR JOB INDEFINATE PERIOD OTHER If other, explain:

6.b. How long has the working relationship existed?

7.a. Approximately how many hours per day does the worker perform services for the firm?

7.b. Is the worker required to perform services for a set number of hours each day/week?

YES NO

8. Does the firm have priority on the worker's time?

YES NO If no, explain:

9. At what location are the services performed? FIRM'S      WORKER'S      OTHER      If other, specify:
10. Does the firm have the right to change the methods used by the worker or give direction on how to do the work? YES      NO      Explain:
11.a. Is the worker required to follow a routine or a schedule established by the firm? YES      NO      If yes, what is the routine or schedule?
11.b. Does the worker report to the firm or its representative? YES      NO If yes: How often?  For what purpose?  In what manner?
11.c. Attach copies of report forms used in reporting to the firm. 11.d. Does the worker furnish a record of time worked to the firm? YES      NO      If yes, attach copies of time records.
12.a. Type of pay worker receives: SALARY      COMMISSION      HOURLY WAGE      PIECE WORK      LUMP SUM      OTHER      If other, explain:
12.b. Who establishes the rate of pay? FIRM      WORKER      BOTH
12.c. Is the worker eligible for a pension, bonuses, paid vacations, sick pay, etc? YES      NO      If yes, specify:
12.d. Does the firm carry worker's compensation insurance on the worker? YES      NO
12.e. Does the firm deduct Social Security tax from the amount paid to the worker? YES      NO
12.f. How does the firm report the worker's income to the Internal Revenue Service? FORM W-2      FORM 1099      DOES NOT REPORT      OTHER      If other, specify:
12.g. Does the firm bond the worker? YES      NO
13.a. What expenses are incurred by the worker in the performance of services for the firm?
13.b. Does the firm reimburse the worker for any expenses? YES      NO      If yes, specify the reimbursed expenses:

14.a. State the kind and value of tools and equipment furnished by:

The firm:

The worker:

14.b. The kind and value of supplies and materials furnished by:

The firm:

The worker:

15.a. Does the worker have a financial investment in a business related to the service performed?

YES NO UNKNOWN

15.b. Is a license necessary for the work?

YES NO UNKNOWN

If yes:

What kind of license is required?

By whom is it issued?

By whom is the license fee paid?

16. Can the worker incur a loss in the performance of the service for the firm?

YES NO If yes, how?

17.a. Does the worker perform similar services for others?

YES NO

If yes:

Are these services performed on a daily basis for other firms?

YES NO

Percentage of time spent in performing these services for the:

Firm:

%

Other Firms:

%

Unknown:

%

17.b. Is the worker prohibited from competing with the firm either while he/she is performing these services or at any later period?

YES NO

18.a. Does the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc?

YES NO UNKNOWN If yes, how?

18.b. Does the worker represent them self to the public as being in business to perform the same similar services?

YES NO UNKNOWN If yes, how?

18.c. Does the worker maintain an established shop or office?  
YES NO UNKNOWN If yes, where?

18.d. Does the worker perform services for the firm under:  
THE FIRM'S BUSINESS NAME WORKER'S OWN BUSINESS NAME OTHER If other, specify:

18.e. Does the firm represent the worker as an employee of the firm to its customers?  
YES NO If no, how is the worker represented?

19. Can the firm discharge the worker at any time without incurring a liability?  
YES NO Explain:

20. Can the worker terminate service at any time without incurring a liability?  
YES NO Explain:

**ANSWER SECTION [21] IF THE WORKER IS A SALESPERSON OR PROVIDES A SERVICE DIRECTLY TO CUSTOMERS**

21.a. Under whose name is the contract negotiated?  
FIRM/CUSTOMER WORKER/CUSTOMER

21.b. Under whose name is the customer invoiced?  
FIRM WORKER

21.c. Who does the customer pay?  
FIRM WORKER

21.d. Are leads to prospective customers furnished by the firm?  
YES NO DOES NOT APPLY

21.e. Is the worker required to pursue or report on leads?  
YES NO DOES NOT APPLY

21.f. Is the worker required to adhere to specific prices, terms and conditions of sale established by the firm?  
YES NO

21.g. Are orders/invoices submitted to and subject to approval by the firm?  
YES NO

21.h. Is the worker expected to attend sales meetings?  
YES NO

If yes:  
Is the worker subject to any kind of penalty for failure to attend?  
YES NO  
If yes, what type of penalty?

21.i. Does the firm assign a specific territory to the worker?  
YES NO

21.j. Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment?  
YES NO

**ANSWER SECTION [22] IF THE WORKER PROCESSES A PRODUCT IN THEIR HOME**

22.a. Who furnishes materials or goods used by the worker?

FIRM      WORKER

22.b. Is the worker furnished a pattern or given instructions to follow in making the product?

YES      NO

22.c. Is the worker required to return the finished product to the firm or to someone designated by the firm?

YES      NO

23. Explain in detail why you believe the worker is an independent contractor or is an employee of the firm:

24. Please sign, and provide the names, social security numbers, and amounts paid, by quarter, of all workers performing similar services for the firm.

**Current Year**

Worker Name	*Worker SSN	1st Qtr.	2nd Qtr.	3rd. Qtr.	4th Qtr.

**Preceding year**

Worker Name	*Worker SSN	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.

**Prior Year**

Worker Name	*Worker SSN	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.

**Year**

Worker Name	*Worker SSN	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.

**I CERTIFY THAT ALL STATEMENTS AND COPIES OF CONTRACTS ARE TRUE TO THE BEST OF MY KNOWLEGE**

Signature	Title	Date
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\*In accordance with the Privacy Act of 1974, the provision of a Social Security Number (SSN) on this form is mandatory pursuant to 20 CFR 666.150 and/or North Dakota Century Code § 52-02-02. Job Service North Dakota utilizes the SSN for identification, federal and state tax reporting, verification of program eligibility, and program performance accountability. Failure to provide the required SSN may result in denial of eligibility for benefits.

Job Service is an equal opportunity employer / program provider. Auxiliary aids and services are available upon request.