



### Contracted Services Questionnaire

**Name:**

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**Tax ID#:**

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**Description of services provided:**

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In order to determine proper classification of your working relationship with Conroe Independent School District please complete the following questionnaire.

Yes	No	Questions
		1. Will I be able to set my own hours and priorities?
		2. Will I be hired and paid to complete one specific job/project?
		3. Will I be able to hire and pay my own assistants?
		4. Do I offer similar services to others as part of my own business?
		<b>5. Will I be allowed to work concurrently for other employers while working for Conroe Independent School District?</b>
		<b>6. Are there currently employees of the district doing substantially the same services as I will be required to perform?</b>
		7. Do I bear the cost of any travel and business expenses incurred to perform this service?
		8. Will I provide my own tools and materials?
		9. Can the relationship be terminated without consent of both parties?
		<b>10. Are you a Teacher Retirement System retiree?</b>

I \_\_\_\_\_, have read and answered each question accurately and to the best of my ability.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

**BELOW IS FOR DISTRICT USE ONLY**

Employee or Contractor

(Please circle one)

\_\_\_\_\_ (Reviewer Signature)

\_\_\_\_\_ (Date)