

# Independent Contractor Checklist

**Human Resources**  
509 N. McDonough St.  
P.O. Box 220  
Decatur, Georgia 30031  
678-553-6740 • Fax 678-553-6519  
hr@decaturga.com



Contractor name \_\_\_\_\_ date \_\_\_\_\_

## Complete Document

- Cover page questionnaire
- Independent contractor determination form
- Behavioral and financial control questionnaire
- Independent contractor (instructor) agreement
- E-Verify contractor affidavit
- SAVE affidavit
- Advertisement/business card
- Business license
- References (minimum 2)

Please complete and attach this form to the front of each Independent Contractor Application. Submit all documentation to the Personnel Office for approval at least one month before contracted services are to begin.

Submitted by \_\_\_\_\_

.....  
**Personnel Office use only**

Received by \_\_\_\_\_ Date \_\_\_\_\_



## Human Resources

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P.O. Box 220

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Dear Potential Independent Contractor:

The City of Decatur is interested in contracting with you for instructional services. Before entering into an agreement with any contractor, the City of Decatur is required to verify an individual's status as an "independent contractor" as provided by the Internal Revenue Service (IRS).

According to the IRS, "independent contractors" are persons engaged in occupations who contract to perform specialized work according to their own methods, without being subject to control of the "employer" except for the end result. Independent contractors should demonstrate they are financially invested in their business by providing their own materials/tools to perform the contracted work, and advertising their services to the general public in order to obtain more business.

The City of Decatur Human Resources Office will review the attached information on the determination document you provided and may contact you directly for clarification purposes.

Thank you for your time. We look forward to the possibility of working with you in the near future.

Sincerely,  
*Human Resources Department*  
*City of Decatur*

# Independent Contractor Eligibility

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Contractor name \_\_\_\_\_ Date \_\_\_\_\_

Business name \_\_\_\_\_

Address \_\_\_\_\_

To determine your status as an independent contractor, please answer the questions below and provide supporting documentation as necessary.

1. Do you have a business license to perform your services?  Yes  No

If yes, please provide a copy of the business license

2. Do you have an employer identification number (EIN) for your business?  Yes \_\_\_\_\_  No  
Please include EIN

3. Do you advertise your contract services to the general public?  Yes  No

If yes, how do you advertise your services? (e.g., word of mouth, fliers, newspaper ads, etc.) Please attach copies of advertisements and your business card. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide a list of organizations for which you have performed contract instruction services over the last two years. Please also include the name of the contact person from each organization, and the dates on which you performed the contracted services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Were you paid through the organization's payroll for your services? That is, did you have to complete a W-4 federal tax form and a G-4 Georgia tax form to be paid for your services?  Yes  No

.....

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Independent Contractor Determination

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To ensure that the City of Decatur is properly classifying individual workers as independent contractors, departments must submit this form and supporting documentation one month before the contractor services are to start. The requesting department must receive notice of approval from the Personnel Office before the individual can perform the contracted services; otherwise, the individual will not receive payment for services

Department head/mgr requesting authorization \_\_\_\_\_ Date \_\_\_\_\_

Name of organization/individual \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Tax ID no. \_\_\_\_\_ Business license  Yes  No

If yes, please provide a copy

Contracted services start date \_\_\_\_\_ End date \_\_\_\_\_

.....

1. What type of service is being provided by this organization/individual? Please be as specific as possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How did this organization/individual obtain the job? (attach a copy of the information and/or contract)

Application  Bid  Employment agency  Other (specify) \_\_\_\_\_

3. Did the worker perform services for the City of Decatur.  Yes  No

If yes, what were the dates of the prior service, and explain the differences (if any) between the current and prior services. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **Attach a copy of the tentative signed agreement (preferably signed by both the department head and the independent contractor). The agreement must describe the terms and conditions of the work arrangement. The individual must also submit a list of work references including the name and phone number of the person/company that received similar contracted services, a description of the services provided, and the dates on which the services were performed.**

### Behavioral Control

- 1. Does the City of Decatur provide training and/or instruction to the "worker"?  Yes  No
- 2. Does the "worker" receive work assignments from a representative of the City of Decatur?  Yes  No
- 3. Does a representative from the City of Decatur determine how the "worker" performs his/her job responsibilities?  Yes  No
- 4. Is the "worker" required to contact a representative from the City of Decatur for problems/complaints that arise and is the City of Decatur responsible for their resolution?  Yes  No
- 5. Does a representative from the City of Decatur coordinate or control the hours of the "worker" such as when he/she reports to work, what days, when the work day ends, etc.?  Yes  No
- 6. Is the work performed by the "worker" done on the premises of any City buildings, property, etc.?  Yes  No
- 7. If substitutes or helpers are needed to assist the "worker," who hires them? If the City of Decatur is not involved, does a representative from the City of Decatur have to approve the "worker's" hiring decision?  Yes  No
- 8. Does the City of Decatur pay for the "worker's" substitutes or helpers?  Yes  No

### Financial Control

- 1. Does the City of Decatur provide any supplies, material, equipment, etc., for the "worker" to perform his/her job responsibilities?  Yes  No
- 2. Does the City of Decatur reimburse the "worker" for expenses that are incurred by the "worker" for the performance of services for the city?  Yes  No
- 3. Does the City of Decatur pay the "worker" hourly for services performed?  Yes  No

If not, how does the "worker" receive payment for services rendered?  Salary  Commission  Piece work  
 Lump sum  Other \_\_\_\_\_

- 4. Does the "worker" perform similar contracted services for other organizations?  Yes  No  
If yes, please provide at least two references for work performed in the last two years.

\_\_\_\_\_  
\_\_\_\_\_

- 5. Does the City of Decatur carry worker's compensation insurance on the "worker"?  Yes  No
- 6. Does the "worker" perform job responsibilities related to the City of Decatur's regular business operations?  Yes  No

*Attach additional information on a separate sheet of paper if necessary*

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#### PERSONNEL OFFICE USE ONLY

Approved by \_\_\_\_\_ date \_\_\_\_\_

Accounts payable notified on (date) \_\_\_\_\_

# Independent Contractor Agreement

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Decatur, Georgia 30031  
678-553-6740 • Fax 678-553-6519  
hr@decaturga.com



I, \_\_\_\_\_, agree to provide the City of Decatur with the following service:

CONTRACTOR NAME

DESCRIPTION OF SERVICES TO BE PROVIDED

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ I agree to be paid by the following method:  
\$\_\_\_\_\_ per  class  session  job, or %\_\_\_\_\_ of fees collected, or a lump sum of \$\_\_\_\_\_

I understand that I will receive my payment  weekly  biweekly  monthly  end of class, session, or job

Please read each statement below and initial the corresponding box.

I understand that I or the City of Decatur may dissolve this agreement, provided a 30-day written notice is provided

I understand that failure on my part to abide by the policies and procedures within, which I have read and understand, will constitute grounds to dissolve this agreement.

I hereby certify that I am an independent contractor and that I am self-employed. I am not an employee of the City of Decatur.

I understand that I have the discretion to perform the contracted services as I deem necessary, and that I will provide all tools, materials, etc. necessary.

I understand that City of Decatur is not responsible for the deduction and payment of my federal or state income taxes. I further recognize and understand that the City of Decatur is not responsible for payment of Federal Insurance Contribution Act (FICA) taxes on payments made to me.

I understand that City of Decatur is not providing me with any liability insurance (worker's compensation) or any other insurance.

I hereby hold the City of Decatur harmless regarding any liability in connection with my work.

I understand that payment received by me from the City of Decatur will be reported to the Internal Revenue Service (IRS) and that I will receive a 1099 Form from the City of Decatur.

## Acknowledgement:

Under penalty of perjury, I certify that the information I am providing the City of Decatur is true and accurate

Contractor signature \_\_\_\_\_ Date \_\_\_\_\_

Department head signature: \_\_\_\_\_ Date \_\_\_\_\_

**The following must be attached**  contractor letterhead  contractor invoice  contractor references (3)

contractor availability  alternate contact information \_\_\_\_\_



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INDEPENDENT CONTRACTOR REFERENCE FORM

First Reference:

1. Name of reference: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Date(s) Worked: \_\_\_\_\_

Second Reference:

1. Name of reference: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Date(s) Worked: \_\_\_\_\_

# What are E-Verify and SAVE?

The **Georgia Illegal Immigration Reform and Enforcement Act of 2011** that was adopted by the Georgia General Assembly requires cities and counties to:

- (1) Ensure that all contractors, subcontractors and sub-subcontractors participate in the federal work authorization program, E-Verify; and
- (2) Verify the legal status of applicants for Georgia “public benefits” through a sworn affidavit verifying the applicant's lawful presence in the United States.



E-Verify is a federal work authorization program that allows businesses and government agencies to determine the eligibility of their employees to work in the United States. It is also referred to as the Federal Worker Authorization Program or FWAP.

## Contractor Verification

- The City must obtain an E-Verify affidavit from all contractors and subcontractors providing services to the City. This includes construction contracts, architectural and design services, recycling services, hardware installation and maintenance (computers, copiers, etc.), pest control, etc.
- Contractor must verify through an affidavit that it is registered with and participates in the federal work authorization program, E-Verify.
- The signed affidavit needs to be attached to the contract or agreement before being delivered to the City Manager for her signature.
- Other agencies may request the same affidavit of the City along with the City's E-Verify number which is **67951**.

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## SAVE –Systematic Alien Verification for Entitlements

The SAVE Program is an inter-governmental initiative designed to aid benefit-granting agencies in determining an applicant's immigration status, ensuring that only entitled applicants receive federal, state, or local public benefits.

- Public benefits include: *retirement, health insurance, disability insurance, alcoholic beverage licenses, occupation tax certificates, and contracts.*
- ALL contracts and agreements must include a completed 'Affidavit Verifying Applicant Status for City of Decatur Public Benefit'. If the applicant is not a United States citizen, the applicant's immigration status must be verified through the Department of Homeland Security by City staff.
- Georgia law requires that the applicant provide a “secure and verifiable identity document” with the affidavit.
- Unlike E-verify, SAVE does NOT verify status for employment.

The above requirements are mandated to the City of Decatur by the State of Georgia. For more information, you can visit the Georgia Attorney General's website at <http://law.ga.gov> and look up Immigration Reports. Other resources include the Georgia Municipal Association, [www.gmanet.com](http://www.gmanet.com), Department of Homeland Security, [www.dhs.gov](http://www.dhs.gov), and U.S. Citizenship and Immigration Services, [www.uscis.gov](http://www.uscis.gov).





***E-Verify Contractor Affidavit***  
***Pursuant to O.C.G.A. § 13-10-91(b)(1)***

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Decatur has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

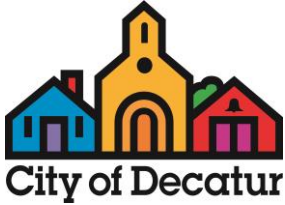
\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_





**Accounting Department**  
509 North McDonough Street  
P.O. Box 220  
Decatur, GA 30031  
404-370-4100 • Fax: 404-378-2678  
accountspayable@decaturga.com

**Subject: Sign up to receive Electronic Payments from City of Decatur**

Dear Vendor:

You are receiving this letter because our accounts payable records show that you are set up to receive either paper checks or credit card payments and wish to receive payments via Electronic Funds Transfer (EFT).

**Advantages of EFT Payments**

- Payments are generated weekly. *(There is generally a one business day lag from when The City of Decatur issues payment and when the funds are in your bank account.)*
- You will receive a notification when payment is issued, via the e-mail on record.
- It is a more efficient process.
- EFT payments are more secure.
- EFT payments are environmentally friendly.

*For your security, we are using Wells Fargo's Commercial Electronic Office (CEO) service called Payment and Delivery Preferences (PDP) to enable EFT for you. You don't have to be a Wells Fargo customer to use this service.*

**Email Notification**

City of Decatur is able to send you an email notification whenever you are paid electronically.

The email address that you enter when signing up on the portal will be the email address used for this notification.

We look forward to updating your account with this very easy and simple process.

If you have any questions, please contact JoeAnn Cohen at 404-370-4100 or via e-mail [accountspayable@decaturga.com](mailto:accountspayable@decaturga.com)

**Please provide the following secure information**

1. Your Company Name

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2. Your Account Number

---

Account Type

Checking  Savings

Your Bank Routing Number

---

Bank Name

---

3. Person or department that will be responsible for responding to customer inquiries regarding vendor enrollment.

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4. Your company telephone/email information for the vendor/supplier to contact if they should have any questions.

<hr/>	(Telephone)
<hr/>	(Email)

**Please attach a voided check or bank letter for verification**

**MEMORANDUM OF UNDERSTANDING**  
**For Fee Classes**

The purpose of this memorandum is to establish the terms and conditions under which individual instructors will use the recreation facilities of the City of Decatur for conducting classes for which a fee is charged to the participants.

Class \_\_\_\_\_ Acct.No \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (D) \_\_\_\_\_ (E) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Day(s)/Time(s) of Class \_\_\_\_\_

Registration Deadline \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

No. of Classes \_\_\_\_\_ Class Minimum \_\_\_\_\_ Class Maximum \_\_\_\_\_

Facility/RoomLocation \_\_\_\_\_

Supplies and equipment to be provided the Recreation Department

\_\_\_\_\_  
Supplies and equipment to be provided by the Instructor

\_\_\_\_\_  
Participant Fee Charge \_\_\_\_\_

Supply Fee Charge \_\_\_\_\_

Instructor's % \_\_\_\_\_ Recreation Department's % \_\_\_\_\_

Monthly Rental Agreement \_\_\_\_\_

Instructor Payment Agreement \_\_\_\_\_

Fees for class instruction will be paid to the instructor and/or the Decatur Recreation Center Department. Any fees paid directly to the instructor will be turned in to the Decatur Recreation Department. The Decatur Recreation Department will receive/provide a class roster and the instructor will be paid the specified percentage of all fees. Payment to Decatur Recreation Department will be deducted from the instructor's percentage. Non-resident fee are **not** included in the instructor's percentage.

**HOLIDAYS:** On the following dates the Department will be closed. If a class falls on one of the dates or an observed day, a make-up class should be scheduled:

- |                        |                |                              |
|------------------------|----------------|------------------------------|
| New Year's Day         | Memorial Day   | Labor Day                    |
| Martin Luther King Day | Juneteenth     | Last Thurs & Fri in November |
| President's Day        | Fourth of July | Christmas Eve & Day          |

Accepted (Instructor) \_\_\_\_\_ Date \_\_\_\_\_

Accepted (Recreation Director) \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Contact Information Form

**Human Resources**  
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hr@decaturga.com



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## Personal information

Employee \_\_\_\_\_

Home address \_\_\_\_\_

City/State./ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

.....

## Emergency Contact 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_

City/State./ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

.....

## Emergency Contact 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_

City/State./ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

.....

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION,  
CRIMINAL HISTORY RECORD, AND DRIVER'S LICENSE HISTORY INFORMATION**

I, \_\_\_\_\_, do hereby authorize the review of and full disclosure of all records  
*(print your name)*  
concerning myself to any duly authorized agent(s) of the City of Decatur, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records pertaining to me, including, but not limited to: records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph/cvsa exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorneys' at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for employment or other service to the City of Decatur.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for initial hiring and continuing employment or other service by the City of Decatur.

I further specifically release, discharge and exonerate the City of Decatur, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the City of Decatur.

For the purpose of a personal history background check to determine suitability for initial hiring and continuing employment or other service to the City of Decatur, I hereby specifically waive my rights to privacy of records under the federal Family Education Rights and Privacy Act of 1974, as amended.

I hereby authorize the City of Decatur to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice or other governmental agency, to include Georgia and National Crime Information Center files. This authorization shall remain in effect from now through any period of employment or other service to the City of Decatur and I understand that such on-going consent is a condition of employment or other service to the City of Decatur.

I recognize and acknowledge the right of the City of Decatur to treat, at its sole discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources and information obtained from them.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's **FULL** Printed Name: \_\_\_\_\_

**Other names I have been known by or worked under (these would include birth name; names by marriage, divorce, or adoption; or other name changes, etc.):**

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**EXACT** Name on Driver's License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

