



San Bernardino County Employees'
Retirement Association

Employment Relationship Questionnaire (Retiree)

P: 909.885.7980 | E: returningretirees@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
San Bernardino, CA 92408

Fax | 909.884.1904

Online | returningretirees@sbcera.org

Name of Employer

Name of Retiree

How will you be hired? (ex: by agency, Independent Contractor, 3rd Party Contractor, Temporary/Staffing agency)

1. (a) By whom will you be appointed/hired? Please include name(s) and title(s).

Please attach a copy of the offer letter or hire document(s).

(b) What date will you first occupy the position?

(c) Do you currently occupy the position?

(d) To whom will you report? Please include the name(s) and title(s).

(e) Who will report to you (if anyone)? Please include the names(s) and title(s).

(f) What position(s) did you occupy at the employer during your service period?

2. Describe the services you will perform:

3. Will you perform services pursuant to a formal job description or duty statement?

If so, please attach a copy of the job description or duty statement.

4. How many individuals perform the same services for the employer?

5. Are the services you will perform under written or oral agreement?

6. Where will you perform the services (your office, home, agency premises, etc.)?

7. Do you have your own place of business or do you work for a third party?

8. For the services in question, do you operate under your own name, agency's name or third party (ex: temporary agency, consulting company)?

9. For the services in question, will the employer provide you with any training?

10. Do you offer the same type of services you will perform for the employer to the general public or other agencies? If yes, what agencies?

11. If the answer to #10 is yes, are you performing services as an employee or an independent contractor?

12. Will the employer have first call on your services?

13. Will you be required to attend employer meetings?

14. Who will determine your hours of work? Please include name(s) and title(s).

15. Will you be required to do the work personally or may you subcontract any part of the work to a 3rd Party?

16. Will the employer have the right to control how you do your work?

17. Will you be permitted to perform services for entities other than the employer as an independent contractor?

18. Will your work be directed, supervised, or reviewed by anyone?

(a) If so, what particulars of the job will be supervised?

(b) If so, what is the name and title of supervisor?

19. Will you be subject to performance appraisals for services performed for the employer?

(a) If so, who completes the performance appraisals? Please include name(s) and title(s).

20. Who will determine whether you should be promoted? Please include name(s) and title(s).

21. Who will determine whether your salary should be adjusted? Please include name(s) and title(s).

22. Who will determine whether you should be disciplined or terminated? Please include name(s) and title(s).

23. Please check facilities or equipment furnished by the employer you may use while performing services for the employer.

_____ Office

_____ Machinery

_____ Office Equipment

_____ Tools

_____ Stationery

_____ Badge

_____ Business Cards

_____ Email address provided by agency

_____ Automobile

_____ Other, please explain: _____

24. Will you or the 3rd Party issue a statement or invoice to the employer for services rendered?

25. Please check the basis on which you will be paid.

- Flat salary
- Hourly rate
- Lump sum
- By project
- Other, please explain: _____

26. Will you get reimbursed from the employer for any of your business and/or traveling expenses?

(a) If so, who will authorize such reimbursements? Please include the name(s) and title(s).

27. Check the following benefits you may receive:

- Workers Compensation
- Retirement
- Vacation
- Health
- Other, please explain: _____

(a) Who will pay the cost of your benefits?

(b) Who will approve your leave (vacation, sick, etc.) requests? Please include the name(s) and title(s)

28. Will your pay be subject to employer withholdings? _____

(a) If so, please list all employer withholdings:

29. Can the employer terminate the relationship at any time?

30. Can you quit at any time without liability to the employer?

31. Was this position previously held by a full-time employee? _____

(a) If so, what was the title of the position?

32. Will you be subject to a collective bargaining agreement or memorandum of understanding?

(a) If so, please attach a copy of the collective bargaining agreement and/or memorandum of understanding.

33. Will you be subject to a class specification and/or salary schedule?

(a) If so, please attach a copy of the class specification and/or salary schedule.

34. Who will pay you?

35. Will any entity be reimbursed for payment of your salary?

36. Will you be subject to the employer’s employee manual and/or employment policies? **(Please attach a copy of the employer’s employee manual and/or employment policies)**

37. Will the employer bear any or all the cost of any fidelity insurance or any bonds required by law for the position?

38. Will the employer bear the cost to defend and indemnify you to the extent required by law?

39. Will you have the authority to sign documents on behalf of the employer? What title will you utilize as signatory authority?

40. In your opinion, will you be an employee of the employer?

(a) If not, please explain:

41. Please submit all documentation, in addition to that already requested herein, that evidences or supports your responses to the above questions.

PLEASE ANSWER THE QUESTIONS BELOW IF YOU ARE OR WILL BE EMPLOYED THROUGH A STAFFING (“TEMP”) AGENCY

1. What is the name of the temp agency you are being or will be hired from?

2. How long have you provided services for your temp agency?

3. Did you have prior SBCERA membership before you were hired by the temp agency?

4. Are you providing services in a position established and on a pay schedule for the temp agency?
If yes, what is the position?

5. What is the expected duration of your services to be provided?

6. What will happen to the position/duties once your services are complete?

ADDITIONAL COMMENTS: