



2018 Wavemaker Fellowship Program Application Employer Endorsement Form

Applicants: Please have this form completed by your immediate supervisor to certify your current employment status at your company, performing work in a qualifying job field.

Employers: Please complete this form in its entirety to certify that you support your employee's application to the Wavemaker Fellowship Program. Please email wavemaker@commerceri.com with questions.

Wavemaker Fellowship Applicant Information:

1. Applicant Legal Name: _____
2. Applicant Job Title: _____
3. Is this position considered a senior-level position at your company? Yes No
4. Does this position require specific skills/competencies that make it a 'difficult to fill' position at your company? Yes No
5. Does the applicant work at least 35 hours/week, with wages subject to state tax withholding? Yes No
6. Has this applicant received any workplace awards or recognition (ex: performance awards, merit-based awards, employee of the month, etc.)?: Yes No

6a. If yes, please list:

7. Please indicate which field(s) applies to the work that the applicant does on a daily basis for your organization:

- | | |
|---|--|
| <input type="checkbox"/> Life, natural or environmental sciences | <input type="checkbox"/> Medicine or medical device technology |
| <input type="checkbox"/> Computer, information or software technology | <input type="checkbox"/> Industrial design or other commercially relevant design field |
| <input type="checkbox"/> Advanced mathematics or finance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Engineering | |

8. Please give a short description of the applicant's regular duties & responsibilities:

9. What is the applicant's salary range?:

\$0-\$34,999	\$55,000-\$59,999	\$80,000-\$84,999
\$35,000-\$39,999	\$60,000-\$64,999	\$85,000-\$89,999
\$40,000-\$44,999	\$65,000-\$69,999	\$90,000-\$94,999
\$45,000-\$49,999	\$70,000-\$74,999	\$95,000-\$99,999
\$50,000-\$54,999	\$75,000-\$79,999	\$100,000+



Employer Information:

10. Organization Legal Name: _____

11. Organization Address: _____

12. RI Tax ID #: _____

13. Which industry or sector is your company a part of?:

- Biomedical Innovation
- IT, Cyber, Data Analytics
- Defense, Shipbuilding, Maritime
- Advanced Business Services
- Design, Food, Custom Manufacturing
- Transportation, Distribution & Logistics
- Arts, Education, Hospitality & Tourism
- Other: _____

14. Please describe your company’s primary work/function: _____

15. Name of individual completing this form: _____

16. Title of individual completing this form: _____

17. Email address of individual completing this form: _____

18. Phone number of individual completing form: _____

19. How long have you been supervising this Fellow?: _____

Optional Employer Information:

20. How many employees are there in your company?: _____

21. If your company has multiple locations, how many employees in your RI location(s)?: _____

22. Is your company’s workforce primarily comprised of Rhode Island residents?: Yes No

23. Does your company recruit primarily from Rhode Island institutions of higher education?: Yes No

23a. If yes, which institutions?: _____

Certification:

I hereby certify that the answers to all questions in this form are true to the best of my knowledge and belief.

Signature: _____

Date: _____