



2019 Wavemaker Fellowship Program Application Employer Verification 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 verify the applicant’s employment at your company, performing work in a qualifying job field. The Wavemaker Fellowship program is a competitive application & selection process and information collected on this form will be used by the program’s Selection Committee to evaluate the candidate. The importance of an applicant’s position to their employer is a key factor in this evaluation. Thank you for helping us by providing this feedback. Questions? Email wavemaker@commerceri.com.

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. Is the applicant the owner or sole proprietor of this company?: Yes No

Note: Additional documentation may be required if the answer to this question is ‘yes’

7. Has this applicant received any workplace awards or recognition (ex: performance awards, merit-based awards, employee of the month, etc.)?: Yes No

7a. If yes, please list:

8. 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 | |

9. Please give a short description of the applicant’s regular duties & responsibilities:



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

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

Employer Information:

11. Organization Legal Name: _____

12. Organization Address: _____

13. RI Tax ID #: _____

14. 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: _____

15. Please describe your company's primary work/function: _____

16. Name of individual completing this form: _____

17. Are you the owner or sole proprietor of this business?: _____

18. Title of individual completing this form: _____

19. Email address of individual completing this form: _____

20. Phone number of individual completing form: _____

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

Optional Employer Information:

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

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

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

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

25a. 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: _____