



July 2019 (Year 2) 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. Your employer should return the form to you, to be submitted with your application materials.

Employers: Please complete this form in its entirety to certify that you support your employee's eligibility for, and application to, the Wavemaker Fellowship Program. Questions? Visit www.wavemaker.commerceri.com to review eligibility, or 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. Is the applicant a full-time employee? ☐ Yes ☐ No

For the purposes of this program, full-time is defined as being employed by a business for a minimum of at least 35 hours/week, or rendering any other standard of service generally accepted by custom or practice as full-time employment, with wages subject to withholding.

6. Does this employee currently work remotely, either in full or in part? ☐ Yes ☐ No

If yes, is this employee's role specifically a Rhode Island-based position? (In other words, but for the ability for the employee to work remotely with the help of technology, would this person otherwise be reporting to an RI-based office or worksite?) ☐ Yes ☐ No

7. 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'

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

If yes, please list: _____

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

- | | |
|---|--|
| ☐ Life, natural or environmental sciences | ☐ Engineering |
| ☐ Computer, information or software technology | ☐ Medicine or medical device technology |
| ☐ Advanced mathematics or finance | ☐ Industrial design or other commercially relevant design field |



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

11. 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:

12. Organization Legal Name: _____

13. Organization Address: _____

14. RI Tax ID #: _____

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

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

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

17. Name of individual completing this form: _____

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

19. Title of individual completing this form: _____

20. Email address of individual completing this form: _____

21. Phone number of individual completing form: _____

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

**Optional Employer Information:**

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

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

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

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

If yes, which institutions?: _____

Certification:

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

Signature: _____

Date: _____