



## 2022 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](http://www.wavemaker.commerceri.com) to review eligibility, or email [wavemaker@commerceri.com](mailto: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:

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



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

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11. What is the applicant’s salary range?:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$34,999      | <input type="checkbox"/> \$55,000-\$59,999 | <input type="checkbox"/> \$80,000-\$84,999 |
| <input type="checkbox"/> \$35,000-\$39,999 | <input type="checkbox"/> \$60,000-\$64,999 | <input type="checkbox"/> \$85,000-\$89,999 |
| <input type="checkbox"/> \$40,000-\$44,999 | <input type="checkbox"/> \$65,000-\$69,999 | <input type="checkbox"/> \$90,000-\$94,999 |
| <input type="checkbox"/> \$45,000-\$49,999 | <input type="checkbox"/> \$70,000-\$74,999 | <input type="checkbox"/> \$95,000-\$99,999 |
| <input type="checkbox"/> \$50,000-\$54,999 | <input type="checkbox"/> \$75,000-\$79,999 | <input type="checkbox"/> \$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?:

- |   |   |
|---|---|
| <input type="checkbox"/> Biomedical Innovation              | <input type="checkbox"/> Transportation, Distribution & Logistics |
| <input type="checkbox"/> IT, Cyber, Data Analytics          | <input type="checkbox"/> Arts, Education, Hospitality & Tourism   |
| <input type="checkbox"/> Defense, Shipbuilding, Maritime    | <input type="checkbox"/> Offshore Wind                            |
| <input type="checkbox"/> Advanced Business Services         | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Design, Food, Custom Manufacturing |   |

16. Please describe your company’s primary work/function: \_\_\_\_\_

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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: \_\_\_\_\_