



2023 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. 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. *If applicable; have you held a healthcare job that did not require a degree in the past (**this applies to Healthcare fellows ONLY**) explain: _____
4. Are you bilingual? List Languages: _____
5. Is this position considered a senior-level position at your company? No Yes
6. Does this position require specific skills/competencies that make it a ‘difficult to fill’ position at your company? Yes No
7. 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.

8. 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

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

****For Sole Proprietors please attach with this form your Municipal Registration form.***

If Your business is not a Sole Proprietorship your company MUST be registered with the RI Secretary of State’s Office prior to the beginning of your first service period!! Additional information regarding business ownership may be required per RI Division of Taxation.*

10. 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 Taxation. *** _____



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

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

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

13. What is the applicant’s **Annual Compensated Salary**?:

Employer Information:

14. Organization Legal Name: _____

15. Organization Address: _____

16. RI Tax ID #: _____

17. NAICS ID#: _____

18. If applicable; are you a Medicaid provider **(this applies to Healthcare fellows ONLY)**: _____

19. If applicable; please provide HPSA ID# **(this applies to Healthcare fellows ONLY)**: _____

20. 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
- Offshore Wind
- Healthcare
- Other: _____

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

22. Name of individual completing this form: _____

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



- 24. Title of individual completing this form: _____
- 25. Email address of individual completing this form: _____
- 26. Phone number of individual completing form: _____
- 27. How long have you been supervising this Fellow?: _____

Optional Employer Information:

- 28. How many employees are there in your company?: _____
- 29. If your company has multiple locations, how many employees in your RI location (s)?: _____
- 30. Is your company's workforce primarily comprised of Rhode Island residents? Yes No
- 31. 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: _____