

Year 2026 - COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION – (Revised 2/24)
JOB CREATION - Special Economic Development/Business Assistance
EMPLOYEE DATA FORM

Please print clearly

Name of Individual: First _____ Middle Name _____ Last _____

Residential Address: _____ (must be in CDGA target area) City _____ State _____

Zip Code _____ Telephone _____

Gender: Male Female X Head of Household: Yes No

Ethnicity: Is client Hispanic? _____ Yes _____ No

Client Race: White _____ Black _____ Native Hawaiian or Pacific Islander _____ Asian _____ American Indian or Alaskan Native _____ American Indian or Alaskan Native & Black _____ Other Multi-Race _____

If this was a Full time Job Placement indicate the pay rate per hour: \$ _____ Annual Salary \$ _____

If this was a Part time Job Creation, indicate the pay rate per hour: \$ _____ Annual Salary \$ _____

Date this individual was hired: Month _____ Day _____ Year _____

Job Title: _____ Number of Hours Per Week: _____
(full-time =32+ hours per week)
(part-time=16 hours per week)

Was individual unemployed prior to taking this job? _____ Yes _____ No
Are health insurance benefits included with this job? _____ Yes _____ No

THIS FORM MUST BE SIGNED BY THE EMPLOYER, the CDGA-FUNDED AGENCY AND THE EMPLOYEE
(print clearly)

Name of Employer/Business _____

Business Address _____ **City** _____ **State** _____ **Zip Code** _____

Business Telephone Number _____ **Email address** _____

Type of Business (e.g., manufacturing, city government, retail, etc.) _____

Print name Business Owner or Representative Date _____

Signature of Business Owner or Representative

Project Director's Signature (CDGA-funded agency) Date _____

Employee Signature Date _____

Note to CDGA-funded Agency: The Client Income Certification must be submitted with this form