Year 2027 - 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 ☐ ☐ ☐ emale X ☐ ad of Hous☐ d: 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

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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**_____

T**ype of Business (e.g., manufacturing, city government, retail, etc.)**_____

_____ Date_____
Print name Business Owner or Representative

_____
Signature of Business Owner or Representative

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

_____ Date_____
Employee Signature

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