



Employment Summary Form

Applicant # _____

Company Name		Date of Intake	
Owner (s) Name			
Business Address			

Section A: Position Summary

Position Summary	(I) Current number of full-time jobs (or full-time equivalent)	(II) Number of New full-time jobs projected to be created as a result of this project	(I)+(II) Total
Executive, Administrative and Managerial			
Professional and Technical			
Sales Agents and Representatives			
Administrative Support, Secretarial and Clerical			
Service and Repair			
Production, Machine Operators, Assemblers and Inspectors			
Transportation and Material Moving			
Handlers, Equipment, Cleaners, Helpers and Laborers			
Other			
Total All Occupations			

Definition:

Full-Time Equivalent (FTE) –

- 35 hours or more /week employee work = 1 job
- 34.9 hours/week employee work = 0.5 job

Section B: Race, Ethnicity and Gender

Race and Ethnicity	Female	Male	Total
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Native Hawaiian or Other Pacific Islander			
White			
Other			
Total			

Total Section B must be equal to Total Section A above

Section C: Employment of the Disabled

Number of disabled employees included in Section A, Column I.

Section D:

I / We hereby certify that the information provided above is true and accurate to the best of my/our knowledge.

Applicant Name: _____ Signature: _____ Date: _____

Co-Applicant Name: _____ Signature: _____ Date: _____