



NEW JOBS TRAINING APPLICATION

JSND / WORKFORCE PROGRAMS
SFN 19703 (R. 2-09)

Completing this form is necessary to apply for the New Jobs Training Agreement under the North Dakota New Jobs Training program.

Business Information

Business Name		Federal Employer Identification Number	
Street Address / PO Box		State of Incorporation	
City	County	State	ZIP Code
Contact Person		Telephone	

Provide a brief history of the business.

What are the product(s) manufactured or the service(s) provided?

This business is New Expanding

What percentage of sales are or will be outside the state of North Dakota?

Lending Agency or Self-Financing Information

Is program self-financed? Yes No

If "No," provide the following information:
Lending Agency

Street Address / PO Box		
City	State	ZIP Code
Contact Person	Telephone	

North Dakota New Jobs Training Program – Employee Information
(Complete this section only for New Jobs Training Programs.)

How many full-time employees are employed by the business?

How many part-time employees are employed by the business?

How many new full-time jobs will be added to the payroll within the next 24 months?

How many new part-time jobs will be added to the payroll within the next 24 months?

Training

What date will the initial training begin?

How will training for the new job positions be accomplished?

Employee Phase-In Schedule

Provide a schedule of staffing identifying the number of individuals to be hired by occupation and scheduled dates of hire. Provide the hourly or annual starting salary. (See Attachment I.)

Business Certification

I hereby give permission to Job Service North Dakota to research the business's history, contact the business's financial institution, and perform other related activities necessary for the reasonable evaluation of this application.

I understand that all information submitted to Job Service North Dakota relating to this application is subject to the Open Records Law, North Dakota Century Code 44-04-18, and that its confidentiality may not be guaranteed.

The information I have provided on this form is true and correct to the best of my knowledge and belief.

Signature of Business Official

Date

