



NEW JOBS TRAINING WORKSHEET

JSND / WORKFORCE PROGRAMS
SFN 51042 (R. 3-10)

This form must be completed in order to enter into a *Preliminary New Jobs Agreement* under the **North Dakota New Jobs Training Program**. This agreement establishes an effective date for the project and provides a 90-day period for parties to the agreement to complete negotiations and determine whether or not to enter into a final agreement.

Business Information			
Business Name			
Street Address/P.O. Box			
City	State		ZIP Code
Phone		Fax	E-mail
Federal Employer Identification Number		State of Incorporation	
Anticipated date of first hire related to the expansion or location to the state.			
Where will your business be located in the state of North Dakota?			
What are the product(s) manufactured or the service(s) provided?			
Chief Administrator			
Name			
Title			
Signature		Date	
Please complete and return to: Job Service North Dakota Workforce Programs P.O. Box 5507 Bismarck, ND 58506-5507		If you have questions: Phone: 701-328-3358 Fax: 701-328-4894 Statewide TTY: 800-366-6888 E-mail: jsnjt@nd.gov	