TRAINING PARTICIPANTS

JSND/WORKFORCE PROGRAMS

SFN 54255 (R.3-10)

Name of Company

Training Program

Contract Number

Employee Last Name/First Name (Alphabetical Order)	Street Address	City	State	ZIP Code	Social Security Number*	Hourly Wage at Training	Type of Training	Training Date Completion

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for program performance accountability.

Job Service North Dakota is an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities.

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