

# CONFIDENTIAL JOB APPLICANT INCOME SURVEY

## NORTH DAKOTA DIVISION OF COMMUNITY SERVICES

SFN 52665 (06/07)

This information is being requested because \_\_\_\_\_  
 (Name of Company) has received a government-assisted loan/grant/equity injection. Your answers will be treated confidentially.

Name	Address	County
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1. Were you employed at the time you applied for this job?  
 Yes    No    Other (Please Explain) \_\_\_\_\_

2. Number of Household members including yourself \_\_\_\_\_  
 Income Verification: Please circle income level that corresponds to your household's income for the most recent calendar year.

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% Limits	0 to _____							
50% Limits	_____ to _____							
80% Limits	_____ to _____							
Above 80% Limit	_____	_____	_____	_____	_____	_____	_____	_____

\*Use data for the appropriate county from the CDBG Supplement to the Action Plan or the DCS website

3. Please indicate the average number of hours per week you are employed.  
 20 hours/week or less       21-31 hours/week       32 hours/week or more

4. Were you hired through a job training program?       Yes       No

5. Please indicate your racial group:

<input type="checkbox"/> White (11)	<input type="checkbox"/> American Indian/Alaskan Native & White (16)
<input type="checkbox"/> Black/African American (12)	<input type="checkbox"/> Asian & White (17)
<input type="checkbox"/> Asian (13)	<input type="checkbox"/> Black/African American & White (18)
<input type="checkbox"/> American Indian/Alaskan Native (14)	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American (19)
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (15)	<input type="checkbox"/> Other Multi-Racial (20)

6. Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that the information provided above is a true representation of my family income and size and I understand that this information may be subject to verification.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER**

Job Title of Employee (listed above):

Does this position require any skills beyond a high school degree? If yes, please specify requirements needed for this position: \_\_\_\_\_  Yes    No

Is the business providing any special training for this position? If yes, describe training project: \_\_\_\_\_  Yes    No

Does this position have employer sponsored health care benefits? \_\_\_\_\_  Yes    No

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date