

## EMPLOYMENT PLAN

NYS Emp. Reg. No: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO: (     ) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(Name & Title)

TYPE OF BUSINESS: \_\_\_\_\_

GRANT SIGNATORY: \_\_\_\_\_

Current Jobs Full-Time By Occupation			Projection of New Permanent Full-Time Jobs			
Permanent Occupations in Company	Base Annual Salary or Hourly Wage	Number of Employees (1)	1 <sup>st</sup> Year (2)	2 <sup>nd</sup> Year (3)	3 <sup>rd</sup> Year (4)	Total New Jobs (5)
Professional						
Clerical						
Sales						
Service						
Construction						
Manufacturing						
Skilled						
Semi-Skilled						
Unskilled						
Other (Describe)						
<b>Total</b>						
<b>Total:</b>						

Prepared by: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_