

**OPERATION INTERN TEACHER EXTERNSHIP ENROLLMENT**  
 ND DEPARTMENT OF COMMERCE  
 Workforce Development  
 SFN (4/15)



Thank you for your participation in the Operation Intern Teacher Externship program. Please provide the information on the teacher that you have hired and submit to the North Dakota Department of Commerce within two weeks of the start date.

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

Company Name	Teacher's Name (First-Middle-Last)		
Company Address	City	State	ZIP Code
Social Security Number	Teacher's Home School		
Email	Gender	Date of Birth	
Start Date (approximate)	End Date (approximate)		

Please send to:

North Dakota Department of Commerce  
 Attn: Jennifer Dahl, Youth Office/Operation Intern Coordinator  
 1600 E. Century Avenue, Suite 2  
 P.O. Box 2057  
 Bismarck, ND 58502-2057  
 Fax: 701-328-5320  
 Email: [jdahl@nd.gov](mailto:jdahl@nd.gov)