



**The Milwaukee Area Bricklayers  
Joint Apprenticeship &  
Training Committee**  
Milwaukee, Washington, Waukesha and Ozaukee Counties

17125 W. Cleveland Avenue  
P.O. Box 510741  
New Berlin, WI 53151-0741  
Phone: (262) 827-1504  
Fax: (262) 827-4210

**APPRENTICE APPLICATION**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. The provision of your social security number is mandatory under Wisconsin Statutes. Your social security number will be used for identification purposes. If you do not provide your social security number, your application will be denied.

Last Name		Middle Initial	First Name	Social Security Number		Date
Street Address or P.O. Box			City		State	Zip Code+4
Home Phone ( ) ( )	Cell Phone ( ) ( )	EMAIL Address:		Gender Male      Female		Birth Date

**EDUCATION AND TRAINING BACKGROUND:**

Circle the highest school year completed. For example: If you graduated from high school, circle 12. If you have a two-year associate degree, circle 14.

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 GED HSED

Previous **Related** School (Military/Correspondence/Night School/Trade School, etc.):

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Previous Trade **Related** Employment (Including Military):

Company	City	Months	Trade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prospective Employer (if applicable): \_\_\_\_\_

Military Veteran ?    Yes            No            Not Sure

**If you are a veteran, please contact your county Veteran's Service Office for benefit assistance.**

Please return to: Bureau of Apprenticeship Standards

\_\_\_\_\_  
Applicant Signature

*"Masonry", the Classic Skill of the Universe.*

**BRICKLAYERS APPLICATION QUESTIONNAIRE**

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Name of Applicant: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Why did you choose to apply for this trade? \_\_\_\_\_

\_\_\_\_\_

Have you attended WRTP/BIG STEP or any other learning center before applying? \_\_\_\_\_

If yes, please list. \_\_\_\_\_

A Bricklayers Apprenticeship will require hard physical labor in high places and confined areas. Do you or have you ever had any of the following?

Back problems \_\_\_\_\_ Knee problems \_\_\_\_\_ Fear of heights \_\_\_\_\_

Fear of confined areas \_\_\_\_\_ Hernia \_\_\_\_\_ Respiratory Health Issues \_\_\_\_\_

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Do you understand that you will be required to submit to a physical examination before placement as an apprentice? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand that you will be required to submit to a drug testing procedure prior to being assigned to an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**(Cost of testing to be paid by J.A.T.C.).**

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

# Apprenticeship Application EEOC Supplemental Information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

The Apprenticeship Sponsor is committed to equal opportunity for all applicants. The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, the Wisconsin Fair Employment Law, and all other applicable state laws.

## ---- Please Complete the Following ----

The information provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

<b>Race: (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander	<b>Ethnic Group: (CHECK ONE)</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Origin Hispanic or Latino
	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

This form will not become part of your Personnel file. It will be maintained in a separate file, used only for EEOC and Affirmative Action reporting purposes.

**MILWAUKEE BRICKLAYERS  
JOINT APPRENTICESHIP COMMITTEE  
P.O. BOX 510741  
17125 W. CLEVELAND AVENUE  
NEW BERLIN, WI 53151-0741**

**ACKNOWLEDGMENT OF HANDBOOK**

I hereby have received a copy of the Apprenticeship Policy Handbook and understand the policies stated within this handbook and agree to complete my apprenticeship under those policies.

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*Applicant Signature & Date*

**CONSENT TO BREATH AND/OR BLOOD TEST  
MILWAUKEE BRICKLAYERS  
JOINT APPRENTICESHIP COMMITTEE  
SUBSTANCE ABUSE PRE-EMPLOYMENT TESTING**

I hereby voluntarily consent to a breath test and/or to a blood test, including the drawing of my blood, pursuant to the Substance Abuse Testing Program. I have been given notice of the Substance Abuse Testing Program and that I understand the program.

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*Applicant Signature & Date*

**CONSENT TO URINALYSIS**

I hereby voluntarily consent to give a sample of my urine for the purpose of urinalysis pursuant to the Substance Abuse Testing Program. I acknowledge that I have been given notice of the Substance Abuse Testing Program and that I understand the program.

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*Applicant Signature & Date*

**(PERMANENT FILE)  
ORIGINAL**