

Department of Workforce Development
 Division of Employment and Training
Bureau of Apprenticeship Standards

APPRENTICE APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. 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.

Trade Name		Social Security Number		Date
Name (First)	Middle	Last		
Street Address or P.O. Box		City	State	Zip Code+4
Telephone Number ()	Cell Phone Number ()	E-Mail Address		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 GED HSED

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

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

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

Prospective Employer (if applicable): _____ Start Date _____

Military Veteran: Veteran of Military Service Yes No Date Separated _____
 Active Reserve or Guard Member Yes No
 Eligible for VA Benefits Yes No Not Sure

Please return to:
 Bureau of Apprenticeship Standards
 Ben Stahlecker
 Bureau of Apprenticeship Standards
 364 Grand Avenue
 Wausau, WI 54403
 Phone: 715.261.8754
 Fax: 715.261.8752

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.

Race: (CHECK ALL THAT APPLY) <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	Ethnic Group: (CHECK ONE) <input type="checkbox"/> Not Hispanic or Latino. <input type="checkbox"/> Origin Hispanic or Latino
	Gender: <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.

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EMPLOYER APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

UI Number	FEIN	Date			
Name of Firm		Contact/Title			
Street Address or P.O. Box		City	County	State	Zip Code+4
Telephone Number ()		Fax No. ()			
Email		Cell Phone ()			

Indicate Appropriate Industry Group: Construction Industrial Service OJT

Product or Service: _____

Year Business Started: _____ Trained Apprentices Before? Yes No

Trade apprentice will be trained in? _____

Are the skilled workers/journey workers in the trade covered by a collective bargaining agreement? Yes No

If yes, list union name and number: _____

Are the apprentices covered by this agreement? Yes No

Number of skilled workers/journey workers in this trade: _____

Present skilled/journey worker base skilled wage rate per hour for this trade: \$ _____ per hour

Applicant Name	Date Training Will Start
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If the applicant has had previous related school or work experience, how many credit hours are being requested for this applicant?

Work: _____ School: _____

Name of school apprentice will attend: _____

Please return to:

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**NAMES OF SKILLED WORKERS AND APPRENTICES
NOW EMPLOYED**

Name	Date Employed or Indentured	License Number (if applicable)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

Firm Name

Signature

Date Signed