



Tile Industry Training Center

*P.O. Box 510584, 17125 W. Cleveland Avenue, New Berlin, WI 53151
(262) 827-1504*

TILE PRE-APPRENTICE PROCESS

- ** General letter of interest, experience and intentions, including name, address, and phone number. Must be able to provide proof of high school completion (Diploma, GED, HSED, or Transcripts) and must have a valid drivers' license.

TILE LAYERS LOCAL #5

- ** A Finisher/Helper is a Tile Layers assistant. The starting wage is 50% of the Tile Layers rate: $\$42.51 \times .50 = \21.26 /starting wage with a 5% increase after 6 months and 780 work hours. Health insurance is made available after 3 month required hours eligibility is met.
- ** Apprenticeship is three years (must have minimum of 6 months prior experience as a Finisher/Helper).
- ** Tile Apprentices currently start out at 60% of Journeyman's rate: $\$42.51 \times .60 = \25.51 /hr starting wage.
- ** Testing Requirements for Apprentices
Reading: ACT 15 or Accuplacer 240
Arithmetic: ACT 14 or Accuplacer 220
- ** Journeyman Tile Layers wage rate is \$42.51
Total Journeyman wage package is \$68.47 /hr.

NOTE: All wages are subject to \$2.69/hr Dues Check Off.
Beginning Finisher/Helper Wage: \$21.26 per hour
Beginning Apprentice Wage: \$25.51 per hour

Apprenticeship Minimum Wage Guidelines

Tile Setters Local 5 Apprenticeship

June 1, 2024- May 31, 2025

Required Hours	Percentage of Wage	Base Wage	Checkoff Dues	Total Wage
0-780 Hours	60%	\$25.51	\$2.69	\$22.82
780-1560 Hours	65%	\$27.64	\$2.69	\$24.95
1560-2340 Hours	70%	\$29.76	\$2.69	\$27.07
2340-3120 Hours	80%	\$34.01	\$2.69	\$31.32
3120-3900 Hours	90%	\$38.26	\$2.69	\$35.57
3900-4680 Hours	95%	\$40.38	\$2.69	\$37.69
Journeyman's Wage	100%	\$42.51	\$2.69	\$39.82

After Meeting All Requirements

Entry Level Support/Helpers Start at 50% of wage \$21.26

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. 16.04(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, Big Step 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
 Active Reserve or Guard Member Yes No
 Eligible for VA Benefits Yes No Not Sure

Please return to: BAC District Council of WI
 Attn: Mike Hyatt
 P.O. Box 510617
 New Berlin, WI 53151

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.

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

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.

**Department of Workforce Development
Bureau of Apprenticeship Standards**

VOLUNTARY DISABILITY DISCLOSURE

The information requested on this form is voluntary and gathered for compliance with state and federal affirmative action regulations governing registered apprenticeship programs [Wis. Admin. Code § DWD 296.11 and Code of Federal Regulations Title 29 Part 30.11]. The information you provide will be utilized by your program sponsor and state and federal apprenticeship staff for program administration, but may also be used for reporting purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

SELECT ONE:

- Yes, I have a disability (or previously had a disability)**
- No, I don't have a disability**
- I don't wish to answer**

PLEASE COMPLETE:

Date _____

Name _____

Date of Birth _____

Why are you being asked to complete this form?

It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant on the basis of disability. However, because of your status as an apprentice or apprentice applicant, you are being given the opportunity to disclose if you have a disability, or ever had a disability. This form is used to evaluate the inclusion of individuals with disabilities in registered apprenticeship programs. Because disability status may change or a person may wish to update their previous status, the opportunity to disclose a disability is given during the application process, at the time of registration as an apprentice, and on an annual basis during the apprenticeship. There is no penalty for disclosing a disability now that you previously did not disclose.

How do I know if I have a disability?

You may be considered to have a disability if you have a physical or mental impairment or medical condition that makes achievement unusually difficult, limits your ability to work, substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair or intellectual disability.