

Department of Workforce Development
 Division of Workforce Solutions
Bureau of Apprenticeship Standards

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.

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): _____

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
 1000 W. Campus Drive
 Wausau, WI 54401

Fax: (715) 301-2225

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.