

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

EMPLOYER APPLICATION

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

UC Number: _____

Date: _____

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

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	Social Security Number	Date Training Will Start
----------------	------------------------	--------------------------

If the applicant has had previous related school or work experience, how much time credit should be granted on the indenture?

Work: _____ School _____

Name of school apprentice will attend: _____

Please return to: Deb Fochs
 Bureau of Apprenticeship Standards
 1000 W. Campus Dr.
 Wausau, WI 54401

Fax: (715) 675-9776

**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