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.

| Prospective Sponsoring Employer | | | Social Security Number | | Application Date | | |
|--|-------------------|------------------------|------------------------------|------------|------------------|----------|--|
| | | | | | | | |
| Name (First) (Middle) | | (Last) | | | | | |
| | | | | | | | |
| Street Address or P.O. Box | | | City | | State | Zip Code | |
| | - 15 | | | | | | |
| Telephone Number | Cell Phone Number | | E-Mail Address | | Birth Date | | |
| () | () | | | | | | |
| EDUCATION LEVEL | | | | | | | |
| | | | | | | | |
| ☐ 8th grade or less ☐ 9th to 12 | | ☐ 9th to 12th | Grade [| ☐ GED or H | ISED | | |
| ☐ High School Graduate or greater ☐ Post-Secondary or Technical Training | | | | | | | |
| | | | | | | | |
| CAREER HISTORY (check all that apply) | | | | | | | |
| ☐ Military Veteran or Active Reserve or Guard Member: ☐ Yes ☐ No | | | | | | | |
| ☐ Incumbent Worker (Currently employed by prospective employer) ☐ Yes ☐ No | | | | | | | |
| ☐ WI Youth Apprenticeship ☐ Yes ☐ No School District: | | | | | | | |
| | | | | | | | |
| COMPLETE IF REQUESTING CREDIT (complete all that apply) | | | | | | | |
| Previous Registered Apprenticeship | | | Name of Sponsor or Employer: | | | | |
| | | | | | | | |
| Previous Related School (attach transcripts): | | School: | | | | | |
| Previous Trade Related Employment | | Employer Name: | | | | | |
| | | No. of months employed | | | | | |

Please return to: Ben J Stahlecker

Bureau of Apprenticeship Standards

364 Grand Ave Wausau WI 54403

Telephone: (715) 261-8754 Fax: (715) 261-8752

Email: benjamen.stahlecker@dwd.wisconsin.gov

Apprenticeship Application EEOC Supplemental Information

| Name | |
|---|--|
| Social Security Number | _ |
| employment and training of apprentices during their color, religion, national origin, sex, age, creed, hand conviction record, or membership in the military force affirmative action to provide equal opportunity in apprentices. | apprenticeship, shall be without discrimination because of race licap, marital status, ancestry, sexual orientation, arrest record, ses of the United States or this state. The sponsor will take prenticeship and will operate the apprenticeship program as allations, Part 30, the Wisconsin Fair Employment Law, and all |
| Please Co | mplete the Following |
| | Employment Opportunity Commission (EEOC) purposes. This curate information in compliance with EEOC regulations and |
| Race: (CHECK ALL THAT APPLY) | Ethnic Group: (CHECK ONE) |
| ☐ White | ☐ Not Hispanic or Latino |
| ☐ Black ☐ Asian | Hispanic or Latino |
| ☐ American Indian or Alaskan Native ☐ Hawaiian/Pacific Islander | Gender: |
| | ☐ Male |
| | ☐ Female |
| | Disability: |
| | |

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.