

Department of Workforce Development  
 Division of Employment and Training  
**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].

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:

LTC Apprenticeship Office  
 Lakeshore Technical College  
 1290 North Avenue  
 Cleveland WI 53015  
 Phone: 920.693.1279  
 Fax: 920.693.3508

**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