

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**

<b>Name</b>	<b>Date Employed or Indentured</b>	<b>License Number (if applicable)</b>
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