

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.

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.):

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Previous Trade **Related** Employment (Including Military):

Company	City	Months	Trade
_____	_____	_____	_____
_____	_____	_____	_____

Prospective Employer (if applicable): \_\_\_\_\_ Start Date \_\_\_\_\_

**Military Veteran:**    Veteran of Military Service     Yes     No    Date Separated \_\_\_\_\_  
 Active Reserve or Guard Member     Yes     No  
 Eligible for VA Benefits     Yes     No     Not Sure

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

# 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.

<b>Race: (CHECK ALL THAT APPLY)</b> <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	<b>Ethnic Group: (CHECK ONE)</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Origin Hispanic or Latino
	<b>Gender:</b> <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.