

Department of Workforce Development  
 Division of Employment and Training  
**Bureau of Apprenticeship Standards**

## EMPLOYER/SPONSOR 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:     Biotechnology     Construction     Industrial     Information Technology  
 Financial Services     Service     Health Care     Utility

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	Current Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Training Will Start	Starting Wage Rate
If the applicant has had previous related work or school experience, how many credit hours are being requested? Work hours: _____ School hours: _____ (transcripts may be required)			
Preferred School for apprentice to attend: _____			

Please return to:    Long Vang  
 Bureau of Apprenticeship Standards  
 620 W. Clairemont Ave  
 Eau Claire WI 54701  
 Telephone: (715) 874-4627  
 Fax:    (715) 874-4603  
 Email: long.vang@dwd.wisconsin.gov

**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