

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: Raquel Nowak
Bureau of Apprenticeship Standards
500 32nd Street North
Wisconsin Rapids WI 54494
Telephone: (715) 323-6322
Email: raquelrae.nowak@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