

Sent to: Sandy  
Date: \_\_\_\_\_

Department of Workforce Development  
Division of Workforce Excellence  
**Bureau of Apprenticeship Standards**

**EMPLOYER APPLICATION**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Unemployment Compensation Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Firm		Contact/Title		
Street Address or P.O. Box	City	County	State	Zip Code+4
Telephone Number (     )	Fax No. (     )			

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	Social Security Number	Date Training Will Start
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If the applicant has had previous related school or work experience, how much time credit should be granted on the indenture?

Work: \_\_\_\_\_ School: \_\_\_\_\_

Name of school apprentice will attend: \_\_\_\_\_

Please return to:

**APPRENTICESHIP  
LAKESHORE TECHNICAL COLLEGE  
1290 NORTH AVENUE  
CLEVELAND WI 53015-1414**

**PHONE 920.693.1102  
FAX 920.693.1104**

Employer Signature: \_\_\_\_\_

Print Title: \_\_\_\_\_