

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)].

UC Number: _____ Date: _____

Name of Firm		Contact/Title		
Street Address or P.O. Box		City	County	State
Telephone Number	Fax Number	Email Address		

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: Northeast Wisconsin Areas Plumbing JAC
 3315 N. Ballard Rd. Ste. D
 Appleton, WI 54911
 Fax: (920) 734-6754

*******Complete both sides of this application*******

**NAMES OF SKILLED WORKERS AND APPRENTICES
CURRENTLY EMPLOYED**

Name	Date Employed or Contracted	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: _____