

# JOINT APPRENTICESHIP COMMITTEE

Department of Workforce Development

Division of Workforce Solutions

Bureau of Apprenticeship Standards

## APPRENTICE APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. 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		Region		Social Security Number		Date	
Name (First)		Middle Initial	Last				
Street Address of PO Box				City		State	Zip Code + 4
Telephone Number		Cell Phone Number		Email Address			Birth Date

### EDUCATION LEVEL

8<sup>th</sup> Grade or Less    9<sup>th</sup> – 12<sup>th</sup> Grade    GED/HSED    High School Graduate or Greater    Post-Secondary/Technical Training

Previous **Related** School (Military/Correspondence/Night School/Trade School, etc.):

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

Company	City	Months	Trade
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Prospective Employer, if applicable: 

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**Military Service**    Veteran/Active Reserve/Guard     Yes     No    Date Separated 

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Eligible for VA Benefits     Yes     No     Not Sure

**Youth Apprentice**    Participated in WI YA Program     Yes     No

**Please Return to:**    Joint Apprenticeship Committee  
3315 N. Ballard Rd., Ste. D  
Appleton, WI 54911

Phone: (920) 734-3148

Toll Free: (877) 625-8304

FAX: (920) 734-6754

Email: [info@omswi.com](mailto:info@omswi.com)

# Apprenticeship Application – Voluntary EEO Form

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.

<p>Race: (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>	<p>Ethnic Group: (CHECK ONE)</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic or Latino</p>
	<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p>

**Note:** It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant for apprenticeship on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, disability, arrest or conviction record, marital status, or membership in the armed forces. In addition, every sponsor is legally required to take affirmative action to provide equal opportunity in apprenticeship and operate the apprenticeship program as required under 29 CFR part 30 and the equal employment opportunity laws and regulations of the state of Wisconsin.

# Apprenticeship Application – Voluntary Disclosure Form

The information requested on this form is voluntary and gathered for compliance with state and federal affirmative action regulations governing registered apprenticeship programs [Wis. Admin. Code § DWD 296.11 and Code of Federal Regulations Title 29 Part 30.11]. The information you provide will be utilized by your program sponsor and state and federal apprenticeship staff for program administration but may also be used for reporting purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

## SELECT ONE:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

## PLEASE COMPLETE:

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Why are you being asked to complete this form?

It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant on the basis of disability. However, because of your status as an apprentice or apprentice applicant, you are being given the opportunity to disclose if you have a disability, or ever had a disability. This form is used to evaluate the inclusion of individuals with disabilities in registered apprenticeship programs. Because disability status may change or a person may wish to update their previous status, the opportunity to disclose a disability is given during the application process, at the time of registration as an apprentice, and on an annual basis during the apprenticeship. There is no penalty for disclosing a disability now that you previously did not disclose.

## How do I know if I have a disability?

You may be considered to have a disability if you have a physical or mental impairment or medical condition that makes achievement unusually difficult, limits your ability to work, substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair or intellectual disability.

- **Apprentices:** Return this form with your application and paperwork.