

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: Gary J Korn

UA Local 434 Training

W3380 State Road 37

Eau Claire, WI 54701

gkorn@ualocal434.org

608 433-9791

**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