

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](mailto:gkorn@ualocal434.org)  
608 433-9791

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

<b>Name</b>	<b>Date Employed or Indentured</b>	<b>License Number (if applicable)</b>
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