

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

**Employer Application – Northern WI Plumbing**

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

UC Number \_\_\_\_\_ FEIN 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/journeyworkers 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/journeyworkers 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:**

Long Vang  
620 W Clairemont Avenue  
Eau Claire WI 54701

**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