

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

Employer Application – Western 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