

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

EMPLOYER APPLICATION – LINE WORKER

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/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 | Social Security Number | Date Training Will Start |
| | | |

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: Robert Ecker, Dept. Workforce Development, BAS
 CVTC

620 W. Clairemont Avenue

Eau Claire, WI 54701-6162

Physical address: CVTC, 2320 Alpine Road, Eau Claire, Wisconsin 54703

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

| Name | Date Employed or Indentured | License Number |
|------|--------------------------------|----------------|
| 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

LINE WORKER 2017

S:/Manufacturing Campus/Apprenticeship