

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