

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

**EMPLOYER APPLICATION – MOLD MAKER**

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: Long Vang, 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

MOLD MAKER 2017

S:/Manufacturing Campus/Apprenticeship