

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

**APPRENTICE APPLICATION – INDUSTRIAL MANUFACTURING TECHNICIAN**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. The provision of your social security number is mandatory under Wisconsin Statutes. Your social security number will be used for identification purposes. If you do not provide your social security number, your application will be denied.

Trade Name		Social Security Number		Date
Name (First)		Middle	Last	
Street Address or P.O. Box		City	State	Zip Code + 4
Telephone Number (    )	Cell Phone Number (    )	Email Address		Birth Date

**EDUCATION AND TRAINING BACKGROUND:**

Check the highest school year completed. For example, if you graduated from high school, check 12. If you have a two-year associate degree, check 14.

8    9    10    11    12    13    14    15    16    GED    HSED

Previous **Related** School (military, correspondence/night school/trade school, etc.):

Previous Trade **Related** Employment (including military):

Company	City	Months	Trade
---------	------	--------	-------

Prospective employer (if applicable) \_\_\_\_\_

Military veteran?  Yes    No    Not Sure

Please mail to:      Long Vang, Dept. Workforce Development, BAS  
CVTC  
620 W. Clairemont Avenue  
Eau Claire, WI 54701-6162  
Physical location: CVTC, 2320 Alpine Road, Eau Claire WI 54703

## Apprenticeship Application EEOC Supplemental Information

Name\_\_\_\_\_

Social Security Number\_\_\_\_\_

The Apprenticeship Sponsor is committed to equal opportunity for all applicants. The recruitment, selection, employment, and training of apprentices during their apprenticeship shall be without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, the Wisconsin Fair Employment Law, and all other applicable state laws.

### --- Please Complete the Following ---

The information provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

Race: (check all that apply)  <input type="checkbox"/> White  <input type="checkbox"/> Black  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Hawaiian/Pacific Islander	Ethnic Group: (check one)  <input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> Origin Hispanic or Latino <hr/> Gender:  <input type="checkbox"/> Male  <input type="checkbox"/> Female
--	--

This form will not become part of your personnel file. It will be maintained in a separate file used only for EEOC and Affirmative Action reporting purposes.