Department of Workforce Development
Bureau of Apprenticeship Standards

APPRENTICE APPLICATION

The information requested on this form is required under Wis. Stat. § 106.01(1) and Wis. Admin. Code § DWD 295.07 and is necessary to enter into a registered apprentice contract in the state of Wisconsin. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats]. Provision of your social security number (SSN) is required and failure to provide it will result in the disqualification of your apprenticeship application.

Prospective Sponsoring Employer		Social Security Number		Application Date
Name (First) (Middle) (Last)				
Street Address or P.O. Box		City	State	Zip Code
Telephone Number ( )	Cell Phone Number ( )	E-Mail Address		Birth Date

EDUCATION LEVEL

☐ 8th grade or less ☐ 9th to 12th Grade ☐ GED or HSED

☐ High School Graduate or greater ☐ Post-Secondary or Technical Training

CAREER HISTORY (complete all that apply)

Military Veteran or Active Reserve or Guard Member: ☐ Yes ☐ No	
Incumbent Worker (currently employed by prospective sponsor): ☐ Yes ☐ No	
WI Youth Apprenticeship: ☐ Yes ☐ No	School District/Consortia:
Certified Pre-apprenticeship: ☐ Yes ☐ No	Name of Certified Pre-Apprenticeship Program:

COMPLETE IF REQUESTING CREDIT (complete all that apply)

Previous Registered Apprenticeship: ☐ YES ☐ NO	If "Yes", Name of Occupation:	Name of Sponsor or Employer:
Previous **Related** Schooling: ☐ YES ☐ NO		School Name (attach transcripts):
Previous **Related** Employment: ☐ YES ☐ NO		Employer Name: No. of months employed:

Please return to:

Genene Bunders, Apprenticeship Administrative Assistant
Southwest Wisconsin Technical College
1800 Bronson Boulevard
Fennimore, WI 53809
gbunders@swtc.edu
Phone: 608-822-2400

Department of Workforce Development
Bureau of Apprenticeship Standards

APPRENTICE APPLICATION - VOLUNTARY EEO FORM

The information requested on this form is voluntary and gathered for compliance with state and federal affirmative action regulations governing registered apprenticeship programs [Wis. Admin. Code Ch. DWD 296 and CFR Title 29 Part 30]. The information you provide will be utilized by your program sponsor and state and federal apprenticeship staff for program administration but may also be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

PLEASE COMPLETE:

Date _____

Name _____

Date of Birth _____

<table>
<tr><td>Race (select all that apply):</td><td>Gender (select one):</td></tr>
<tr><td rowspan="3">☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander</td><td>☐ Male
☐ Female
☐ Other</td></tr>
<tr><td>Ethnic Group (select one):</td></tr>
<tr><td>☐ Not Hispanic or Latino
☐ Hispanic or Latino</td></tr>
</table>

Note: *It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant for apprenticeship on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, disability, arrest or conviction record, marital status, or membership in the armed forces. In addition, every sponsor is legally required to take affirmative action to provide equal opportunity in apprenticeship and operate the apprenticeship program as required under 29 CFR part 30 and the equal employment opportunity laws and regulations of the state of Wisconsin.*

Department of Workforce Development
Bureau of Apprenticeship Standards

APPRENTICE APPLICATION - VOLUNTARY DISCLOSURE FORM

The information requested on this form is voluntary and gathered for compliance with state and federal affirmative action regulations governing registered apprenticeship programs [Wis. Admin. Code § DWD 296.11 and Code of Federal Regulations Title 29 Part 30.11]. The information you provide will be utilized by your program sponsor and state and federal apprenticeship staff for program administration, but may also be used for reporting purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

SELECT ONE:

☐ Yes, I have a disability (or previously had a disability)

☐ No, I don't have a disability

☐ I don't wish to answer

PLEASE COMPLETE:

Date _____

Name _____

Date of Birth _____

Why are you being asked to complete this form?

It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant on the basis of disability. However, because of your status as an apprentice or apprentice applicant, you are being given the opportunity to disclose if you have a disability, or ever had a disability. This form is used to evaluate the inclusion of individuals with disabilities in registered apprenticeship programs. Because disability status may change or a person may wish to update their previous status, the opportunity to disclose a disability is given during the application process, at the time of registration as an apprentice, and on an annual basis during the apprenticeship. There is no penalty for disclosing a disability now that you previously did not disclose.

How do I know if I have a disability?

You may be considered to have a disability if you have a physical or mental impairment or medical condition that makes achievement unusually difficult, limits your ability to work, substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair or intellectual disability.

- **Apprentices**: Return this form to your sponsor or mail it to the address below.
- **Sponsors**: Enter this form into BASERS or submit it to your ATR or the address below.

Bureau of Apprenticeship Standards
Attn: AA/EEO
P.O. Box 7972
Madison, WI 53707