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)				
	(Middle)		(Lasi)				
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		n to 12th Grade GED or HSED		ED or HSED			
High School Graduate or greater							
CAREER HISTORY (complete all that apply)							
Military Veteran or Active Reserve or Guard Member: Yes No							
Incumbent Worker (currently employed by prospective sponsor): Yes							
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	If "Yes", Name of Occupation	n:	Name of Sponsor or Employe	er:			

Apprenticeship:	
Previous Related Schooling: YES NO	School Name (attach transcripts):
Previous Related Employment: YES NO	Employer Name: No. of months employed:

Please return to: Jody Millin, Apprenticeship Administrative Assistant Southwest Wisconsin Technical College 1800 Bronson Boulevard Fennimore, WI 53809 jmillin@swtc.edu Phone: 608-822-2720 Fax: 608-822-2675

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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:

Name _____

Date of Birth

Race (select all that apply):	Gender (select one):	
 White Black or African American Asian American Indian or Alaskan Native 	 Male Female Other 	
 American Indian of Alaskan Native Native Hawaiian or other Pacific Islander 	Ethnic Group (select one): Not Hispanic or Latino Hispanic or Latino	

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.

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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