

EMPLOYER/SPONSOR APPLICATION

Pursuant to DWD Admin. Code Ch. §§ 295.01(1) and 295.04, this form is required to apply as a registered apprenticeship employer/sponsor. The Department of Workforce Development (DWD) will not process your application unless the information on this form is complete. DWD may use the personal information you provide on this form for purposes other than which it is collected.

UI Number	FEIN	Date		
Name of Firm		Contact/Title		
Street Address or P.O. Box	City	County	State	Zip Code
Telephone Number ()	Fax ()			
Email	Cell Phone ()			

Product or Service: _____

Year Business Started: _____ Have you trained Apprentices Before? Yes No

What occupation will the apprentice be trained in? _____

Are the skilled workers in the occupation covered by a collective bargaining agreement? Yes No

If yes, list union name and number of skilled workers: _____

Are the apprentices covered by this agreement? Yes No

Number of skilled workers in this occupation: _____

Base skilled wage rate for this occupation: \$ _____ per hour

Applicant Name	Date Training Will Start	Starting Wage Rate
If the applicant has had previous related work or school experience, how many credit hours are being requested? Note: Transcripts may be required for school hours.	Work Hours	School Hours
Preferred School for apprentice to attend:		

Please return to: Morgan Zach, Apprenticeship Administrative Assistant
Southwest Wisconsin Technical College
1800 Bronson Boulevard
Fennimore, WI 53809
mzach@swtc.edu
Phone: 608-822-2400

**NAMES OF SKILLED WORKERS AND APPRENTICES
NOW EMPLOYED**

Name	Date Employed	License Number (if applicable)
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.

Name of Firm	
Signature	Date Signed