

Department of Workforce Development
 Division of Employment and Training
Bureau of Apprenticeship Standards

APPRENTICE APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. 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 ()	E-Mail 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 GED HSED
 13 14 15 16 17 18 19 20 21 22 23 24 25

Previous **Related** School (Military/Correspondence/Night School/Trade School, etc.):

Previous Trade **Related** Employment (Including Military):

Company	City	Months	Trade
_____	_____	_____	_____
_____	_____	_____	_____

Prospective Employer (if applicable): _____ Start Date _____

Military Veteran: Veteran of Military Service Yes No Date Separated _____
 Active Reserve or Guard Member Yes No
 Eligible for VA Benefits Yes No Not Sure

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

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
	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.