



Apprentice Application Instructions

Welcome to Local 19s online Apprentice Application
Please note there are two pages to the form.
The application can be printed, filled out and returned
to Local 19 by fax,
mail, or in person to:

Local 19 Heat and Frost Insulators
N27 W23155 Roundy Dr.
Pewaukee, WI 53072

E-mail info@insulators19.com

Fax 262-548-9603

Phone 262-548-9606

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

APPRENTICE APPLICATION

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 HEAT & FROST INSULATORS		Social Security Number	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

DRIVER'S LICENSE NUMBER _____

EDUCATION AND TRAINING BACKGROUND:

Circle the highest school year completed. For example: If you graduated from high school, circle 12. If you have a two-year associate degree, circle 14.

8 9 10 11 12 13 14 15 16 GED HSED

Name High School and/or post High School Education:

Previous Employment (Including Military) within the last 5 years:

Company	City	Employment Duration	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include explanation if periods of unemployment are greater than one month:

Military Veteran: Yes _____ No _____

Please return to: Local 19 JAC
 N27W23155 Roundy Drive Phone: (262) 548-9606
 Pewaukee, WI 53072 Fax : (262) 548-9603

Apprenticeship Application EEOC Supplemental Information

Name: _____

Date: _____

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 programs 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's regulations and requirements.

<p>Race: (CHECK ALL THAT APPLY)</p> <ul style="list-style-type: none"><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	<p>Ethnic Group: (CHECK ONE)</p> <ul style="list-style-type: none"><input type="checkbox"/> Not Hispanic or Latino<input type="checkbox"/> Origin Hispanic or Latino <hr/> <p>Gender:</p> <ul style="list-style-type: none"><input type="checkbox"/> Male<input type="checkbox"/> Female
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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.