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| Employer Information |

Employer name:

Employer EIN:

Employer address:

City:       State:       Zip code:

Payment mailing address:  Same as above

Address:

City:       State:       Zip code:

Employer point of contact:

Point of contact phone number:

Point of contact email address:

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| Program Information *(office use only)* |
| Please select the On-the-Job Learning (OJL) program for which you are applying. Apprentices must have signed their apprenticeship contract between July 1, 2019 and June 30, 2022 for ASE eligibility and on or after July 1, 2020 for SAE 2020 eligibility. |
| *Apprenticeship contract signature between July 1, 2019 and June 30, 2022*  New Sector Program – I am a Registered Apprenticeship employer who hired a registered apprentice in one of the following sectors: Transportation and Logistics, Financial Services, Information Technology, Biotechnology, Agriculture or Healthcare.  Certified Pre-Apprenticeship Graduate Program – I am a Registered Apprenticeship employer who hired a graduate from a Certified Pre-Apprenticeship (CPA) Program that is now a registered apprentice with the State of Wisconsin.  Youth Apprenticeship Completer Program – I am a Registered Apprenticeship employer who hired a completer/graduate of a Wisconsin Youth Apprenticeship program in any industry that is now a registered apprentice with the State of Wisconsin. |
| *Apprenticeship contract signature on or after July 1, 2020*  SAE 2020 Program – I am a Registered Apprenticeship employer who hired a registered apprentice in any industry sector. |

**List all apprentices and separate them in the sections below by occupation. This sheet can be duplicated.**

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| Apprentice Information |

Occupation name (i.e. plumber, medical assistant, etc.):

Lowest journey worker wage rate: $

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

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| Apprentice Information |

Occupation name (i.e. plumber, medical assistant, etc.):

Lowest journey worker wage rate: $

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

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| Apprentice Information |

Occupation name (i.e. plumber, medical assistant, etc.):

Lowest journey worker wage rate: $

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

Apprentice name:       Apprentice contract number:

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| Attestation and Signature |

I certify that my answers are true and complete to the best of my knowledge.

Employer point of contact signature Date