



# ULPA Apprentice Form

**Employer:**

**Apprentice's Information:**

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Date of Birth:

Date of Hire:

Sex:

Male

Female

Participant Did Not Self Identify

Employment Status:

New Employee

Current Employee

Did the apprentice complete a pre-apprenticeship program prior to their registration in this apprenticeship program?

Yes

No

**Apprentice Demographics:**

Ethnicity:

Race:

Disability:

Veteran Status:

Education Level:

**Apprenticeship Information:**

Date Apprenticeship Begins:

Credit for Previous On-the Job Learning Experience?

Hours

Credit for Previous Related Instruction Experience:

Hours

Are Wages Paid during RTI?

Yes

No

Entry Wage:

Apprentice Manager:

Apprentice Manager Email: