

## U.S. Department of Labor Employment and Training Administration Office of Apprenticeship (Illinois) Grant Code( )

## **Registered Apprenticeship Program - Pre-Registration Form**

A. PROGRAM SPONSOR INFORMATION Grant Code ( )						
Name of Organization					Website (URL)	
Address						
City & County					State	Zip Code
Employer ID Number (EIN) NAICS			S Code		Total # of Employees (approx.)	
B. PROGRAM SPONSOR'S CONTACT INFORMATION						
Name of Sponsor's Primary Contact (First/Last Name) Job Title						
Telephone Number Extension			E-Mail Address			
Name of Sponsor's Primary Administrative Coordinator (leave blank if same as Primary Contact)						
Telephone Number Extension		E-Mail Address				
IS THE PROGRAM SPONSOR ALSO THE EMPLOYER? YES D NO D (If "NO," please complete Section C)						
C. PARTICIPATING EMPLOYER						
Name of Organization				Website (URL)		
Address						
City					State	Zip Code
Telephone Number E-Mail Address						1
Employer ID Number (EIN) (Optional)			CS Code <i>(if known)</i>		Total # of Employees (approx.)	
D. OCCUPATION TO BE REGISTERED						
Name of Occupation(s)						
Starting Hourly Wage Journ			neyworker Hourly Wage (fully-qualified worker, post-apprenticeship)			
Length of Apprenticeship (in years or months):						
Length of Apprentice Probationary Period (cannot exceed 25% of Length of Apprenticeship):						
Total # of Journeyworkers (# of fully-qualified employees working for participating employer, for this occupation):						
Total # of Journeyworkers who are: Female Minority: Youth (age 16-24)						
E. RELATED TECHNICAL INSTRUCTION (RTI) INFORMATION						
Name of RTI Provider (e.g., university, college, technical school, CTEC/high school, adult education, employer, sponsor)						
Instruction Method (e.g., classroom, correspondence, web-based learning) Website (URL)						
Address						
City					State	Zip Code
Primary RTI Contact (First/Last Name) Job T				Job Ti	tle	
Telephone Number			E-Mail Address			