



APPRENTICESHIP INFORMATION CENTER EMPLOYER / TRADE UNION APPLICATION

COMPLETE, PRINT OUT AND E-MAIL SCANNED ATTACHMENT TO: george.karr@illinois.gov OR FAX TO 312-793-1778.

EMPLOYERS INTERESTED IN APPRENTICESHIP PROGRAM PARTICIPATION

Today's Date: _____ Job Title: _____

Last Name: _____ First: _____ M: _____

Company Name: _____

Mailing address: _____

City: _____ County: _____ State: _____ Zip code: _____

Phone: _____ E-mail address: _____

Are you looking to establish or extend an Apprenticeship Program at your workplace? Yes: _____ No: _____

Would you like to partner with a local community college or Illinois high school district? Yes: _____ No: _____

Would you be interested in becoming a USDOL **ApprenticeshipUSA** LEADER? Yes: _____ No: _____

TRADE UNIONS INTERESTED IN POSTING THEIR LINK ON THE IDES APPRENTICESHIP WEB PAGE

Today's Date: _____ Job Title: _____

Last Name: _____ First: _____ M: _____

Trade Union Name: _____

Local or District: _____

Mailing address: _____

City: _____ County: _____ State: _____ Zip code: _____

Phone: _____ E-mail address: _____

Web site address/link: _____

Other Requests: _____
