

HENNPIN COUNTY
WORKFORCE ENTRY PROGRAM APPRENTICE FORM

Project # _____ Project Description: _____

Prime Contractor: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Project Manager: _____ Phone: () _____

EEO Officer: _____ Phone: () _____

Subcontractor (if applicable) _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

EEO Officer: _____ Project Manager: () _____

Tel: _____

APPRENTICE

Job Title or Trade Classification: _____ Number of Training Hours on this Project: _____

Name: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Apprentice is employed by: _____

Approximate Start Date: _____

Approximate Completion Date: _____

Attach a proposed Work Schedule for the apprentice.

Which approved program did the apprentice graduate from: American Indian OIC _____; Summit Academy OIC _____; Dunwoody Institute _____; or Minneapolis Community and Technical College _____.

Has the apprentice completed an apprenticeship training course leading to journeyman status? Yes _____ No _____

Has the apprentice been employed as a journeyman? Yes _____ No _____

Is the WEP apprentice a member of a certified apprenticeship program? Yes _____ No _____

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