ASE Employer Contact Form

Employer, please fill out this form and return back to the ASE at your earliest convenience. Thank you for your participation and efforts. We look forward to working with you to expand apprenticeship in Wyoming.

Company name:_____

Business or Industry Association: □Employer □Government Agency □Community-Based Organization □Community College/University □High School □Union □ Other

Industry/Occupation Title:_____ Date business established:_____

Company address:_____

City:_____ State:_____ Zip Code:_____

Website if Applicable:_____

Company Contact Name:_____ Job Title:_____

Phone Number:_____ Email Address:_____

Preferred Method of Contact: □ Internal Message □ Text □ Email

Apprenticeship Program Status: □No Apprenticeship □ Registered Apprenticeship □ Accredited IRAP □ Unregistered Apprenticeship (Meets IRAP Definition) □Work-Based Learning (Internship, Other) □OJT □ Pre-Apprenticeship

How many apprentices do you currently have?:_____

How many of those apprentices started after July 1st, 2019?:_____

Out of those apprentices listed above,
How many are registered with the Department of Labor?:_____

Does your apprenticeship have an Educational & Instructional Component (such as virtual or in-person classroom instruction): □ **Yes** □ **No**

Does your apprenticeship have a Diversity Plan(Equal Employment Opportunity (EEO) plan): □ **Yes** □ **No**

Is your apprenticeship paid?: □ **Yes** □ **No**

Does your apprenticeship program have Work-Based Learning?: □ **Yes** □ **No**

Does your apprenticeship program include Mentorship?: □ **Yes** □ **No**

Will your apprentices earn an Industry-Recognized Credential?: □ **Yes** □ **No**

Does your apprenticeship program include a Safety & Supervision component?: □ **Yes** □ **No**