



EXPRESS INTEREST

OMB Approval No. 1205-0436
Expiration Date: 6/30/2022

The purpose of this questionnaire is for employers and organizations to express interest in starting an apprenticeship program. Your responses will be used by the Office of Apprenticeship to help guide your organization on the path towards a high-quality apprenticeship program. By submitting this questionnaire you agree to us following up with you regarding your interest in apprenticeship.

[GET STARTED](#)

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Do you already have an existing apprenticeship or work-based learning program?

Yes
 No

Which, if any, of the following components are included in your apprenticeship or work-based learning programs in your company? Select all that apply (optional)

- Participants are paid
- Participants are mentored by a skilled worker
- Participants receive structured on-the-job learning
- Participants receive classroom education and or related technical training
- Participants receive a credential during or upon completion of the program

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Public Burden Statement (1205-0436) – Persons are not required to respond to this collection of information. Public reporting burden for this collection of information is estimated to average approximately 3 minutes per response. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0436).



Have you identified a specific occupation for your apprenticeship program?

- Yes
- No

Have you developed a training plan for your apprenticeship program?

- Yes
- No

Are you interested in using a training plan provided by the U.S. Department of Labor?(optional)

- Yes
- No
- I Don't Know

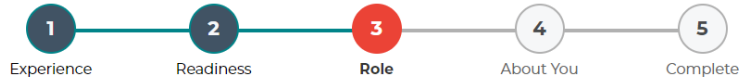
Have you identified an educational provider to instruct the classroom/technical training component?


- Yes
- No

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Are you interested in creating your own program or joining an existing program? 

- Create a Program
- Join a Program

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Please provide your contact information or the primary point-of-contact for your organization and an apprenticeship consultant will help you get started.

Salutation	First Name	Last Name
<input type="text" value="- Select -"/>	<input type="text"/>	<input type="text"/>
Job Title		
<input type="text"/>		
Email		
<input type="text"/>		
Phone Number		
<input type="text"/>		
Organization		
<input type="text"/>		
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text" value="- Select -"/>	<input type="text"/>
Industry		
<input type="text" value="- Select -"/>		
Occupation(s)		
<input type="text"/>		

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Thank you!

We will connect you with an apprenticeship consultant to assist with next steps. In the meantime please continue to explore our site to learn more about the benefits of apprenticeship.

Expect to be contacted within 3 to 5 business days

[EXPLORE APPRENTICESHIP](#)

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