



Illinois Department of Labor

State Construction Minority and Female Building Trades Act Apprenticeship Program Reporting Form (30 ILCS 577)

Official Name of Apprenticeship Program: _____

Labor Organization/Contractor Association
with which this program is affiliated: _____

What trade(s) does your program cover? _____

Length of Program: _____ years _____ months

Is your program affiliated with a union? Yes No

Is your program registered with the U.S. Department
of Labor's Bureau of Apprenticeship and Training?: Yes No

What recruiting efforts does your program undertake?

- Newspaper advertisements
- Local unemployment office
- Partnerships with community or religious organizations
- Partnerships with educational institutions
- Other, explain: _____

Contact Information

Name: _____

Title: _____

Address: _____

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

Phone: _____ Email: _____

NOTE: By law, all construction apprenticeship programs in Illinois are required to complete and submit this form to the Illinois Department of Labor by **January 31, 2012**. This form may be submitted by mail, facsimile or email to the following address:

Illinois Department of Labor
Conciliation and Mediation Division Manager
Attn: Pamela Oller
900 South Spring Street
Springfield, Illinois 62704-2725
Phone: 217-782-1710
Fax: 217-782-0596
www.state.il.us/agency/idol/laws/law577.htm

Program Data

Total number of apprentices participating in the program during calendar year 2011: _____

Please indicate the number of apprentices which fit into the following categories (please ensure that the total of each category equals the total number stated above):

Gender

Male: _____ Female: _____

Ethnicity

Hispanic or Latino: _____ Not Hispanic or Latino: _____ Unknown: _____

Race

American Indian or Alaska Native: _____ Asian: _____

Black or African American: _____ White: _____

Native Hawaiian or other Pacific Islander: _____ Unknown: _____

National Origin (country of birth)

United States of America: _____ Other: _____ Unknown: _____

Verification Statement

On behalf of, _____
(name of apprenticeship program)

I, _____
(name of individual) certify that all information reported herein is true and accurate to the best of my knowledge and belief.

Signature: _____

Title: _____ Date: _____

Instructions For Submitting Apprenticeship Reporting Form

Mail submission:

1. Mail submissions should be signed and mailed to:

Illinois Department of Labor
Conciliation and Mediation Division Manager
Attn: Pamela Oller
900 South Spring Street
Springfield, Illinois 62704-2725