

<https://www.icattapprenticeships.com/>

ICATT Employer Reservation Form

Fall 2020

Please complete the information below to reserve space for your company in an upcoming ICATT cohort.

Company Name	Click here to enter text.			
Primary Contact	Click here to enter text.			
Title	Click here to enter text.			
Mailing Address	Click here to enter text.			
E-mail	Click here to enter text.			
Office Phone	Click here to enter text.			
Cell Phone	Click here to enter text.			
Occupation <i>(check one or more)</i>	<input type="checkbox"/>	Mechatronics	<input type="checkbox"/>	# of students
	<input type="checkbox"/>	CNC	<input type="checkbox"/>	# of students
	<input type="checkbox"/>	Advanced Manufacturing Technician	<input type="checkbox"/>	# of students
Apprentice's work location (please enter full address, if different from the address above) where apprentice(s) will be completing work assignments:	Click here to enter text.			
*Preferred location (college) for classroom training:	<input type="checkbox"/> Daley College <input type="checkbox"/> Elgin Community College <input type="checkbox"/> Harper College <input type="checkbox"/> Ivy Tech Community College <input type="checkbox"/> Kaskaskia College <input type="checkbox"/> McHenry County College <input type="checkbox"/> Metropolitan Community College <input type="checkbox"/> Oakton Community College <input type="checkbox"/> Parkland College <input type="checkbox"/> Rend Lake College <input type="checkbox"/> Richland Community College <input type="checkbox"/> Southwestern Illinois College (SWIC) <input type="checkbox"/> Triton College <input type="checkbox"/> Waukesha County Technical College (WCTC)			

Company Mentor/Instructor Information:

The person who will work with the apprentice. Complete only if different than the primary contact.

Name	Click here to enter text.
Title	Click here to enter text.
Address	Click here to enter text.
Phone	Click here to enter text.
Cell	Click here to enter text.
E-mail	Click here to enter text.

This reservation is not a binding agreement; it allows the ICATT program administration to reserve apprentice slots for your company.

* This reservation does not guarantee these occupations will be offered in the timeframe or locations requested.

Signature: _____ **Date:** _____

Upon completion, please e-mail this form to Lee Wickham at wickham@gaccmidwest.org. Thank you!