



Journeyperson Information

PLEASE PRINT. COMPLETE ENTIRE FORM.

Date:		County:			
I. Personal Information					
SSN:		Date of Birth:		Maiden Name:	
First Name:			MI:	Last Name:	
Street Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		E-mail:	
II. ACDS Class Information					
Date Began ACDS:		Date Completed ACDS:		Received Dept. of Labor Certificate?	
				Yes	No
Location of Classes (<i>Building</i>):				County:	
Please list instructor's name beside each semester:					
First Semester:			Second Semester:		
Third Semester:			Fourth Semester:		
III. Previous Employment Information (During ACDS)					
Program/Sponsor Registration US Dept. of Labor Registration #:					
Program:		City:		Family Provider/Supervisor:	
Job Title:					
Teacher		Lead Teacher		Family Provider	
Teacher's Aide/Assistant		Co-Teacher		Director	
Home Visitor		Other:		Substitute Teacher	
				Substitute Aide	
IV. Current Employment Information					
Program:			Supervisor:		
Street Address:			City:	State:	Zip:
Phone:		Fax:		E-mail:	
How Long in This Position:		Total Years of Experience:		Hours Worked Per Week:	
Job Title:					
Teacher		Lead Teacher		Family Provider	
Teacher's Aide/Assistant		Co-Teacher		Director	
Home Visitor		Other:		Substitute Teacher	
				Substitute Aide	
Work Site (<i>Choose the one that best fits your program</i>):					
Family Provider		Head Start		Public School	
Child Care Center		Pre-K		Private Preschool	
Ages of children you work with (<i>Check all that apply</i>):		Ages your center serves (<i>Check all that apply</i>):			
Infants/Toddlers (birth - 2)		Preschool (3 - 4)		School Age (5 +)	
Size of Center (<i>Average # of Children</i>):			Hourly Wage:		
Less than 10		11 - 30		\$7.25	
31 - 70		71+		\$7.25 - \$8.00	
			\$8.01 - \$10.00		
			\$10.01 or more		

V Educational Information

Are you registered on the WV STARS Career Pathway?	If yes, what Level?
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Current Highest Educational Level:

High School/GED	Jr/Business College	Some College Credit	Bachelor's Degree
CDA	Vocational Classes	Associate's Degree	Other

VI. Other Information

Pay increase since completion of ACDS (*check the box that most applies*):

<u>Hourly</u>		<u>Salary</u>	
No increase	\$0.25 - \$0.50	No Increase	6% - 10%
\$0.01 - \$0.05	\$0.51 - \$0.75	1% - 5%	11% +
\$0.06 - \$0.10	\$0.76 - \$0.99		
\$0.11 - \$0.24	\$1.00 +		

Gender: Male Female	Ethnicity (<i>Mark One</i>): Hispanic/Latino Not Hispanic/Latino	Race (<i>Mark One or More</i>): American Indian or Alaskan Native Asian Black/African American White Native Hawaiian or Pacific Islander
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Age: 18 - 25 36 - 45 26 - 35 46+	Please check if applies: Person with Disabilities Single – Head of Household (<i>Children under 18</i>)	Dependents: (<i>Children under 18, exclude spouse</i>) One Two Three
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What effect has ACDS had on your life?

Suggestions:

Submit completed form to:
 Sherrie Barrett, ACDS State Coordinator
 611 7th Avenue Suite 208
 Huntington, WV 25701