



Appendix E

EMPLOYER ACCEPTANCE AGREEMENT

DEVELOPED BY

**West Virginia Apprenticeship for Child Development Specialist (WVACDS)
administered by WV Early Childhood Training Connections and Resources
(WVECTCR), a program of River Valley Child Development Services (RVCDS),
Funded by WV Department of Health and Human Resources (WVDHHR)**

**611 SEVENTH AVENUE SUITE 208
Huntington, West Virginia 25701**

304/523-0433 Ext. 406

FOR THE OCCUPATION(S) OF

CHILD DEVELOPMENT SPECIALIST

O*NET-SOC CODE: 39-9011.00

RAPIDS CODE: 0840

**Approved and Certified by the
United States Department of Labor / Office of Apprenticeship**

**Kenneth W. Milnes
State Director**

***SERVING Children and Families WITH AN OFFICE OF APPRENTICESHIP (OA)
APPROVED PROGRAM***

Appendix E

EMPLOYER ACCEPTANCE AGREEMENT

The foregoing undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the **WVACDS/WVECTCR/RVCDS** and agrees to carry out the intent and purpose of said Standards and to abide by the rules and decisions of WV ACDS established under these Apprenticeship Standards. We have been furnished a copy of the Standards, have read, and do hereby request certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until completion of the program, cancelled voluntarily or revoked by the WV ACDS or US Department of Labor.

Printed name: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Site Name: _____

Program Type (Please check):

- | | | | |
|--|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Family Provider | <input type="checkbox"/> Head Start | <input type="checkbox"/> Public School | <input type="checkbox"/> Facility |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Pre-K | <input type="checkbox"/> Private Preschool | |
| <input type="checkbox"/> Other | _____ | | |

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Disposition:

Original – West Virginia Apprenticeship Child Development Specialist
Copies – Employer, and Registration Agency (Office of Apprenticeship/
U.S. Department of Labor)

RECOMMENDED MINIMUM APPRENTICE WAGE SCHEDULE

2-year term

				Actual
Starting wage 1 st semester	2,000 hours	\$ 8.75	<u>per hour</u>	\$ _____ <u>per hour</u>
Completion of 2 nd semester	2,000 hours	\$ 9.00	<u>per hour</u>	\$ _____ <u>per hour</u>
Journeyman rate of pay: \$ 9.25 <u>per hour.</u>				\$ _____ <u>per hour</u>

Apprentices will be paid a progressively increasing schedule of wages during their apprenticeship based on the acquisition of increased skill and competence on-the-job and in related instruction.

By signing below, I agree to the following:

1. I have received a copy of the Standards of Apprenticeship.
2. I understand that I will receive a copy of the signed Employer Acceptance Agreement within 2 weeks of signing the agreement.
3. I will adhere to the Standards of Apprenticeship and the Employer Acceptance Agreement.

Employer Signature: _____ Date: _____

Reviewed and Approved by:

Name of Sponsor: *West Virginia Apprenticeship for Child Development Specialist*

Signature: _____ Date: _____

Title: _____