<u>Company Enrollment Form</u>

Company:		
Address:		
City:		Zip:
Contact: F	^D hone:	
Email:		
Website:		
Month/Year Company Founded:	_ (Must be in business 6	months or more)
Anticipated # of Apprentices per year:	_	
We, as outlined in this guide and the Standards required f Apprenticeship program. We agree to carry out the in by the rules of the program sponsor (NJLCA). We hav hereby request authorization to train apprentices und	or the NJLCA's Landscap ntent and purpose of such ve received a copy of the	e Management n standards and abide
Signature:	Date:	
 Payment: There is an annual fee of \$475 for participal Technician Apprentice program for NJLCA member of NJLCA. In addition, there is a \$2,000 annual contribution to be program purposes by each company. Both fees are nor not and are non-refundable. Finally, should you have more than one apprentice, the required to be deposited in the ERISA Trust per addit Trust will cover fees for classroom-style instruction, p □ Check □ Visa □ MasterCard □ American Expression 	ompanies and \$1,000 for e deposited in the ERISA required regardless of if y nere will be a \$1,500 annu ional apprentice. Contrib rovided by the NALP.	non-members of the Trust and used for ou have an apprentice ual contribution
 □ \$475 + \$2,000 = \$2,475 (NJLCA member price) □ \$1,000 + \$2,000 = \$3,000 (NJLCA non-member rational structure) 	ate)	
Cardholder:	Amc	ount: \$
Card #:	Exp. Date:	CVC:
Submit completed forms on pages 4-6 to: New Jersey Landscape Contractors Association 465 Mola Blvd., Suite 2 Elmwood Park, NJ 07407 Email: info@njlca.org Fax: 201-703-3776		



Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the <u>New Jersey Landscape Contractors Association</u> and agree(s) to carry out the intent and purpose of said Standards for <u>Landscape Management Technician</u> and accompanying Appendices and to abide by the rules and decisions of the Sponsor established under these Apprenticeship Standards. <u>The undersigned employer</u> has been furnished a copy of the Standards and have read and understood them, and request certification to train apprentices under the provisions of these Standards. On-the-job, the apprentice is hereby assured qualified training personnel and adequate supervision during the apprenticeship. The training should follow the approved Work Process Schedule and Related Instruction Outline including the rotation of tasks. The employer further agrees to follow the selection procedures per the approved Standards or develop alternative selection procedures in the Employer Acceptance Agreement that are consistent with the requirements set forth in 29 CFR § 30.10(b). This employer acceptance agreement will remain in effect until canceled voluntarily or revoked by the Sponsor, Employer or the Office of Apprenticeship.

(Manual signatures required)

(Print Name of Employer Representative)	(Print Name of Sponsor Representative) Signed:			
Signed:				
(On Behalf of Employer)	(On Behalf of Sponsor)			
Date:	Date:			
Employer Title:				
Name of Company:				
Address:				
City/State/Zip Code:				
Phone Number:				
Fax:				
Email:				
cc: Registration Agency				



EMPLOYER WAGE SCHEDULE(Select One and provide hourly wage)

□Semiannual Raise

Journeyworker's Hourly Wage \$					
Perio	d 1		2		
1000 Hours		1000 Hours			
\$	/ Hr.	\$	/ Hr.		

\Box Quarterly Raise

Journeyworker's	Hourly	Wade	\$
oounicywonter o	illouny	mage	Ψ

•	Period 1		2 3		4			
	500 Hours		500) Hours	500 Hours		500 Hours	
	\$	/ Hr.	\$	/ Hr.	\$	/ Hr.	\$	Hr.

ADDITIONAL QUALIFICATIONS FOR EMPLOYMENT

(List any additional employer specific requirements here.) Ex. pre-employment drug test, background check, etc.

EMPLOYER SPECIFIC SELECTION PROCEDURES

(Attach company selection procedures here)