



NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: _____
ATP Code: 17-072

SPONSOR <i>Big Ant Electric, Inc</i>		DISTRICT N. Y.
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) NONE		
TRADE / OCCUPATION <i>Electrician</i>		REQUESTED DATE <i>9-2-2015</i>
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP	<input type="checkbox"/> JOINT <input checked="" type="checkbox"/> NON-JOINT	<input type="checkbox"/> JAC <input checked="" type="checkbox"/> NON-JAC
INDENTURED BY <input checked="" type="checkbox"/> EMPLOYER <input type="checkbox"/> AGENT		<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEDERAL

NEW PROGRAM (EXPLAIN "YES" ANSWERS
IN COMMENTS BELOW)



New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision New Program
(nature of change)

RECEIVED

SEP 08 2015

APPROVED BY TRAINING
LABORIAL OFFICE

State Use Only	
AT sponsor no.	
ATP code	17-072
Effective date of AT program	

- Name of sponsor: Big Ant Electric Inc.
- Mailing address: 160-55 Cross Bay Blvd., Suite 203 Howard Beach NY 11414 Queens
(number & street) (city) (state) (zip code) (county)
- Actual address: 615-C Acorn Street Deer Park New York 11729 Suffolk
(number & street) (city) (state) (zip code) (county)
- Telephone no.: 631-586-5598 (telephone #) (ext. #) (fax #) 631-586-1897
- Trade/Occupation: Electrician
- No. employees: 12 No. apprentices: 3 No. journeyworkers: 7 7. Ratio: 1:1,1:3
(non-standard)
- ISC code: 1731 9. DOT code: 824-261-010 10. Length of program: 60 months
- Apprentice probationary period: 12 months 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$ 19.25 per hour 14. Effective date of wages: 5/26/2015
- Apprentice wage progression rate does not include benefits for each period - in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/> H <input checked="" type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>								
1640	1640	1640	1640	1640					
\$9.00	\$10.55	\$11.90	\$13.10	\$15.75					

16. The sponsor agrees to comply with the provisions on this side and on the reverse side of this agreement.

17. [Signature] 5/26/2015
 Signature of official sponsor representative Date
Anthony Sofia, President
 Print name and title

18. / /
 Signature of union representative Date

 Print name, title, and union name

19. _____
 Signature New York State Department of Labor

/ /
 Date



New York State Department of Labor

Sponsor Information Sheet

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APPRENTICESHIP TRAINING

Instructions:

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
- You must include an explanation and supporting documentation for all "yes" responses.
- For Individual Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and from the union.
- For Individual Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor only.
- For Group Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company and union that serves on the governing body as a Joint Apprenticeship Training Committee (JATC) member. Only one AT 9 is required per union.
- For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
- You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Sponsor Name: Big Ant Electric, Inc.		Trade Name: Electrician
Name of Entity Completing Form: Big Ant Electric, Inc.		FEIN No.: [REDACTED]
Mailing Address: 615-C Acorn Street, Deer Park, NY 11729		NYS Employer Registration (ER) No.: [REDACTED]
Fax No.: (631) 586-1897	Phone No.: (631) 586-5598	E-mail Address: bigantelectric2000@verizon.net
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Signatory Company serving on the JATC or on the Board of Directors or other governing body For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.		
How many years has your organization been in business? 15 Years		
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation.

Within the past five (5) years has your organization, any affiliate, any predecessor company or entity, owner of 5% or more of the entity's shares, director, officer, partner, or proprietor been the subject of:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A federal suspension, debarment, bid rejection or disapproval of any proposed contract or subcontract for lack of responsibility; or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any investigations, claims or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts or local Civil Rights Commissions?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



NEW YORK STATE DEPARTMENT OF LABOR
 RELATED INSTRUCTION AVAILABILITY

Trade		
Electrician		
Sponsor Name		
Big Ant Electric Inc.		
Sponsor's Representative		
Joanne B. Monez		
Sponsor Address (No. & Street)		(City)
615-C Acorn Street		Deer Park
(County)	(State)	(Zip Code)
Suffolk	New York	11729
Sponsor Telephone No.		
631-586-5598		
Proposed Number of Apprentices		
3		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School

BTEEA - Transit Tech High School

Address

One Wells Street

Address

Brooklyn, New York 11208

School Representative:

Joanne B. Monez

Name and Address of DLEA:

AT Office Name and Address:

[Redacted]
 New York State Department of Labor
 303 W. Old Country Road, 2nd Floor
 Hicksville, New York 11801

Apprentice Training Representative:

Signature of [Redacted]

Date Prepared: 8-13-2015

Date Prepared:

RECEIVED
 SEP 08 2015
 APPRENTICE TRAINING
 CLERK



New York State
Department of Labor
Apprentice Training Recruitment Notification and
Minimum Qualifications

Big Ant Electric Inc.

(Sponsor)

, located at

615-C Acorn Street Deer Park New York 11729

(Address)

is presently accepting applications for an estimated T/B/A apprentice training positions in

(No. of openings)

the occupation of Electrician

(Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

Minimum age: 18

Minimum education: High School diploma or GED or TASC

Physical condition: Be physically able to perform the work required as determined by _____

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: An apprentice electrician is required to perform all phases of work in the electrical installation industry. This will include working with hand tools and power tools, and being exposed to loud noises, hazardous machinery, hazardous voltages and respiratory irritants. It may also include prolonged standing, climbing, walking and repeated squatting, stretching and bending.

Other: Some work may be required under extreme temperature exposure ranging from 0 degrees (outside work in the winter) to 140 degrees (the inside of a ceiling in the summer or boiler rooms year round). Additionally, everyday work may be at such temperatures and in confined areas where movement is greatly limited (such as transformer vaults and equipment services tunnels).

Other: An electrician is expected to lift and move heavy fixtures and equipment up to 100 pounds, and will also work from, ladders, scaffolds and personnel lifts, which may exceed 100 feet. As an essential function of the job, an electrician should have the ability to distinguish colors.

Application forms may be obtained from:

Dates: From: T/B/A to: T/B/A

Name: Building Trades Employers Ed. Assco.

Days: Monday - Friday

Address: 160-55 Cross Bay Blvd., Suite 203

Times: 2PM - 4PM

Howard Beach, New York 11414

Phone number: (718) 738-4455

Email address: LearnElectric@aol.com

Special instructions: All applicants must submit proof of birth date upon selection.

All applications must be received/postmarked (please circle) no later than T/B/A

See Instructions on Reverse Side



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATION

Sponsor Code: _____

ATP Code: 17-072

NAME OF CANDIDATE	TRADE <u>ELECTRICIAN</u>
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES 9
- 5 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	35		
	10		
	15		
	10		

TOTAL

WORK EXPERIENCE

- 5 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 5 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 5 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	35		
	15		
	5		
	15		

TOTAL

SENIORITY

- POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL			

TOTAL

JOB APTITUDE

- SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH _____ MEDIUM _____ LOW _____
- NAME OF ALTERNATIVE APTITUDE TEST: _____
- ADMINISTERED BY: _____
- OTHER _____

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SEP 08 2005

APPRENTICE TRAINING CONTROL OFFICE

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL			

TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 3 ABILITY TO COMMUNICATE
- 5 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 2 ABILITY TO REASON AND COMPREHEND
- 5 INTEREST AND MOTIVATION
- OTHER _____
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	15		
	3		
	5		
	2		
	5		

TOTAL

TOTAL ALLOWABLE POINTS →

85	TOTAL SCORE →	
----	---------------	--

RANK _____

EVALUATED BY _____ DATE _____

(Name)

SPONSOR NAME Big Ant Electric, Inc.

SPONSOR ADDRESS 615-C Acorn Street, Deer Park, New York 11729

Big Ant Electric Inc.
615-C Acorn Street
Deer Park, New York 11729

**NON-DISCRIMINATION PLAN
(SHORT FORM)**

- A. **EQUAL OPPORTUNITY PLEDGE:** OUR COMPANY RECOGNIZES THAT ALL PERSONS SHALL HAVE EQUAL OPPORTUNITY IN EMPLOYMENT AND APPRENTICESHIP TRAINING, and agrees to adhere to the following:

"The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation Of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

- B. **SEXUAL HARASSMENT PREVENTION POLICY:** OUR POLICY IS THAT SEXUAL HARASSMENT IS PROHIBITED. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment.
- submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Division of Equal Opportunity Development must be notified of the complaint.

- C. **MINIMUM QUALIFICATIONS AND SELECTION STANDARDS:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Notice of Apprentice Training Opportunity, and Form AT 508, Selection Standards and Evaluation, attached.
- D. **RECRUITMENT:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):
- () Listing all apprentice openings with the NYS Department of Labor Division of Employment Services for a minimum of five full working days before selections are made.
 - (X) Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Department of Labor Division of Employment Services.
 - () Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the above named sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: _____

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

5 / 26 / 2015
Date

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) **CARUSO Michael**

1. Name of Program Sponsor **Big Ant Electric Inc.**

Physical address of Program Sponsor (no. and street) **615-C Acorn Street**

City **Deer Park** County **Suffolk** State **New York** Zip code **11729**

Mailing address of Program Sponsor (no. and street) **BTEEA 160-55 Cross Bay Blvd., Suite 203**

City **Howard Beach** County **Queens** State **New York** Zip code **11414**

2. Trade: Time-based Competency-based Hybrid

Electrician

3. Start Date _____ 4. Length of program (Months) **60** 5. DOL Apprentice Probation Period for Completion Rates (Months) **12**

6. Related and Supplemental Instruction (RI) Provider(s) and location(s) **BTEEA - Transit Tech High School, Brooklyn NY**

RI Compensated Yes No

7. Minimum Journey-Worker Rate **\$ 19.25 per hour**

8. Credit for previous training or experience: Reinstatement Vocational Education **25** Months Transfer Previous Experience (Employer name) **Big Ant Electric Inc.**

9. Apprentice Wage Progression (Without Benefits) for each Period - in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Michael Caruso 5/26/15 _____ 5/26/15

Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

State Use Only

Date	Init.
To ATC	_____
To DLEA	_____
Rank Verify	_____
Data Entry	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only

Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Signature of Official Sponsor Representative Date Print Name

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____

Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative Date Print Name

State Use Only

Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) NAPOLI, TANO Vincent		1. Name of Program Sponsor Big Ant Electric Inc.		
[Redacted]		Physical address of Program Sponsor (no. and street) 615-C Acorn Street		
		City County State Zip code Deer Park Suffolk New York 11729		
		Mailing address of Program Sponsor (no. and street) BTEEA 160-55 Cross Bay Blvd., Suite 203		
		City County State Zip code Howard Beach Queens New York 11414		
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician		
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BTEEA - Transit Tech High School, Brooklyn NY		3. Start Date	4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$ 19.25 per hour
8. Credit for previous training or experience: 7 1/2 Months Points Sections <input type="checkbox"/> Reinstatement <input checked="" type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name) Big Ant Electric Inc.				

9. Apprentice Wage Progression (Without Benefits) for each Period - in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Signature of Apprentice and Parent/Guardian if age 16-17: _____ Date: 5/26/15
 Signature of Official Sponsor Representative: _____ Date: 5/26/2015

Registered by the New York State Department of Labor:

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____
Comments _____

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of Official Sponsor Representative _____ Date _____ Print Name _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative _____ Date _____ Print Name _____

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) YOREY Michael		1. Name of Program Sponsor Big Ant Electric Inc.	
[Redacted]		Physical address of Program Sponsor (no. and street) 615-C Acorn Street	
		City County State Zip code Deer Park Suffolk New York 11729	
		Mailing address of Program Sponsor (no. and street) BTEEA 160-55 Cross Bay Blvd., Suite 203	
		City County State Zip code Howard Beach Queens New York 11414	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BTEEA - Transit Tech High School, Brooklyn, NY		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician	
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input checked="" type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name) Big Ant Electric		3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months) 13 Months 60 12	
9. Apprentice Wage Progression (Without Benefits) for each Period -- in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: <input type="checkbox"/> Months <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections		7. Minimum Journey-Worker Rate \$ 19.25 per hour	

1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Signature of Apprentice and Parent/Guardian Page 16-17 _____ Date 5/26/15
 Signature of Official Sponsor Representative _____ Date 5/26/15

Registered by the New York State Department of Labor:

State Use Only		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of Official Sponsor Representative _____ Date _____ Print Name _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative _____ Date _____ Print Name _____

State Use Only		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Must be returned within 30 days of receipt