



**NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL**

Sponsor Code: _____

ATP Code: 17-072

SPONSOR CDE Electric Inc.				DISTRICT Albany	
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) none					
TRADE / OCCUPATION Electrician				REQUESTED DATE 05/26/2015	
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> JAC	INDENTURED BY		<input checked="" type="checkbox"/> STATE
<input type="checkbox"/> GROUP	<input checked="" type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC	<input type="checkbox"/> EMPLOYER	<input type="checkbox"/> AGENT	<input type="checkbox"/> FEDERAL

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

Date A.A. Plan _____ / _____ / _____
and Program Copy to DEOD

(For Construction Trades Only)

	Yes	No		Yes	No
New Trade	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waiver of Ratio Requested	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other A.T. Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Process Change	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No		Yes	No
Public Work Violations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal Wage and Hour Violations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DESCRIPTION OF SPONSOR

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New York State Department of Labor
Apprentice Training Program Registration Agreement

STATE USE ONLY	
AT Sponsor No.	_____
ATP Code	<u>1 7 - 0 7 2</u>
Effective date of AT Program	_____

REVISION _____
nature of change

New Program

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- APPRENTICE TRAINING
CENTRAL OFFICE
- Name of Sponsor CDE Electric, Inc.
 - Mailing Address PO Box 204 Cairo NY 12413 Greene
(Number & Street) (City) (State) (Zip Code) (County)
 - Actual Address 685 Vernal Butler Rd., Cairo NY 12413 Greene
(Number & Street) (City) (State) (Zip Code) (County)
 - Phone (518) 622-3822 Ext: _____ Fax (518) 622-3823
 - Trade / Occupation Electrician
 - No. Employees 11 No. Apprentices 0 No. Journeyworkers 6 7. Ratio 1:1, 1:3
(Non-Standard)
 - ISC Code _____ 9. DOT Code 8 2 4 - 2 6 1 - 0 1 0 10. Length of Program 6 0 Months
 - Apprentice Probationary Period _____ 12 months 12. Work Process: Standard or Revised _____
 - Minimum Journeyworker Rate 20⁰⁰ per hr. 14. Effective Date of Wages 5/20/15

15. Apprentice Wage Progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M _____ H <u>0-1000</u>	M _____ H <u>1001-2000</u>	M _____ H <u>2001-4000</u>	M _____ H <u>4001-6000</u>	M _____ H <u>6001-8200</u>	M _____ H _____				
<u>10.00</u>	<u>11.00</u>	<u>13.00</u>	<u>16.00</u>	<u>18.50</u>					

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

17. _____ 5/20/15 18. _____ 1/1
Signature of the Official Sponsor Representative Date Signature of the Union Representative Date

Gregory E. Guerin, President _____
Print Name and Title of Official Sponsor Representative Print Name, Title and Union Name

19. _____ 1/1
Signature of New York State Department of Labor Date



New York State Department of Labor

Sponsor Information Sheet

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.

Form with fields: Sponsor Name: CDE Electric, Inc; Trade Name: Electrician; Name of Entity Completing Form: CDE Electric, Inc; FEIN No.; Mailing Address: PO Box 204, 685 Vernal Butter Rd, Cairo, NY 12413; NYS Employer Registration (ER) No.; Fax No.: 518-672-3823; Phone No.: 518-672-3822; E-mail Address: info@cdeelectric.net; Type of Entity (Mark primary function): [X] Corporation; How many years has your organization been in business? 5; Have you done business under a different name? Yes [X] No []; Is the Sponsor a Group Joint or Group Non-Joint Program? Yes [] No [X]

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:

Table with 2 columns: Question and Yes/No response. Questions include: A conviction for a crime under state or federal law? An indictment or pending indictment for any conduct constituting a crime under state or federal law? A grant of immunity for any conduct constituting a crime under state or federal law? 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? 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? 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? 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? Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? If yes, was the violation determined to be willful? Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? 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?

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Certification – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

Applicant, sponsor, signatory or union:

- Certifies that the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein
- Certifies that intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL) § 210.35, and may be punishable by a fine of up to \$1000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1))
- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

This authorizes the New York State Department of Labor to release any Unemployment Insurance (UI) information it may possess to the Apprentice Training Office to verify information and UI compliance in connection with this application or program.

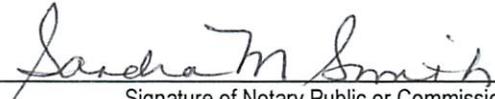
The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or signatory or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.



 Signature of CEO, Chair or Representative granted legal authority to bind the Entity

5/20/15 Gregory E. Guerin, President
 Date Print Name and Title

Sworn to me this: 20th day of May 2015



 Signature of Notary Public or Commissioner of Deeds

SANDRA M. SMITH
 Notary Public, State of New York
 Qualified in Greene County
 No. 01SM6247540
 My Commission Expires 08-29-20 15

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 APPRENTICE TRAINING
 CENTRAL OFFICE



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade		
Electrician		
Sponsor Name		
CDE Electric, Inc.		
Sponsor's Representative		
Gregory E. Guerin		
Sponsor Address (No. & Street) (City)		
685 Vernal Butler Rd Cats		
(County)	(State)	(Zip Code)
Greene	NY	12413
Sponsor Telephone No.		
518-622-3822		
Proposed Number of Apprentices		
1		

AT Office Name and Address:
 NYS DEPT. of Labor
 WA Harriman State Office Campus
 Building 12 - Rm 233
 Albany, NY 12240

Apprentice Training Representative: [Redacted]

Date Prepared: 5/13/15

AT 8 (05/08)

RELATED INSTRUCTION IS NOT AVAILABLE

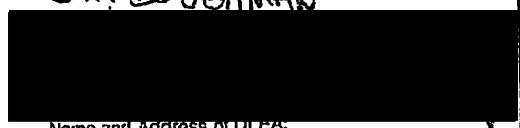
RELATED INSTRUCTION IS AVAILABLE:

Name of School Ulster County BOCES

Address Route 9W
PO Box 601

Address Port Jervis, NY 12466

School Representative:
Bill Dochman



Name and Address of DLEA:
 Ulster County BOCES
 PO Box 601
 Port Jervis, NY 12466

Signature: [Redacted]

Date Prepared: 5/13/2015

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 APPRENTICE TRAINING
 CENTRAL OFFICE



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

CDE Electric, Inc.

(Sponsor)

, located at

PO Box 204, 685 Vernal Butler Rd., Cairo, NY 12413

(Address)

is presently accepting applications for an estimated TBD 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 equivalent

Physical condition: Be physically able to perform the work required as determined by the apprentice will sign an affidavit stating that they are physically capable of performing the work required, including working from ladders, scaffolds and in confined spaces.

(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: Must provide their own reliable transportation to and from jobsite and all classroom instruction programs.

Other: Must have own hand tools as follows: electrician's knife, 25' tape rule, line man's pliers, screwdrivers, side cutters, hacksaw, wire strippers, hammer, tester, tool pouch - approx cost \$ 300.00

Other: Must have valid NYS driver's license. Apprentices may be required to operate company vehicles.

Application forms may be obtained from:

Name: CDE Electric, Inc.

Address: PO Box 204
685 Vernal Butler Rd.

Cairo, NY 12413

Phone number: (518) 622-3822

Email address: info@cdeelectric.net

Special instructions: All applications must be completed in person at the company office according to the company's established hiring practices.

All applications must be received/postmarked (please circle) no later than does not apply

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APPRENTICE TRAINING
CENTRAL OFFICE

NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

NAME OF CANDIDATE TBD		TRADE Electrician		
ADDRESS TBD		CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	39		
	25		
	14		

WORK EXPERIENCE

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	18		
	6		
	6		
	6		

SENIORITY

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	15		
	15		

JOB APTITUDE

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL			

ORAL INTERVIEW: - NOT TO EXCEED 40% OF TOTAL SCORE

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	28		
	7		
	7		
	7		
	7		

TOTAL ALLOWABLE POINTS

→ 100 TOTAL SCORE → RECEIVED

RANK

MAY 29 2015

EVALUATED BY TBD (Name) DATE _____

SPONSOR NAME CDE Electric, Inc.

SPONSOR ADDRESS PO Box 204, 685 Vernal Butler Rd., Cairo, NY 12413

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.
- 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 or their authorized representative.

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5 / 20 / 15
Date