



New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Christa Construction, LLC
B. Trade(s): Construction Superintendent PC MANAGER (DRAFT)
C. Type of Apprenticeship Training Program (check one): 1. [x] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [] Group Joint (JAC/JATC)*
D. Name of entity completing this form: Christa Construction, LLC
E. Entity completing this form (check one): [x] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 64 Commercial Street, Suite 401
G. Email: [redacted] H. Phone: (585) 924-3050 I. Fax: [redacted]
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [x] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions): [] Corporation [] Partnership [] Sole-Proprietor [x] LLC [] LLP [] Other
N. How many years has your organization been in business? 38
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [x] No

Section II

Complete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [x] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity 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 No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
b. If 'Yes', was the violation determined to be willful?..... Yes No
9. 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 No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

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, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- 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 \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, 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.

Gail Morelle July 17, 2020
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Gail Morelle, Vice President

Sworn to me this: 17th day of July 2020

Emily M. Saccone
Signature of Notary Public or Commissioner of Deeds





Apprentice Training Program Registration Agreement

Revision

Nature of Change: New program application
Either G. Morelle or J. Finnell are authorized to make program changes

State Use Only
AT Sponsor No.
ATP Code
Effective Date of AT Program

- Name of Sponsor: Christa Construction, LLC
- Mailing Address: 64 Commercial Street, Suite 401 Rochester NY 14614 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585.924.3050 Ext. _____ Fax No.: N/A
- E-mail Address: _____
- Trade/Occupation: Construction Superintendent ^{LL} MANAGER (DRAFT)
- No. Employees: 46 No. Apprentices: 0 No. Journeyworkers: 10 8. Ratio: _____
- DOT Code: 182.167-026 10. Length of Program: 48^{mo} 42 months
- Apprentice Probationary Period: 6 Months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 25.00 per hour 14. Effective Date of Wages: 07/17/2020

15. Apprentice wage progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>			
H <input type="checkbox"/> 12	H <input type="checkbox"/> 12	H <input type="checkbox"/> 12	H <input checked="" type="checkbox"/> <u>12 @</u>	H <input type="checkbox"/>					
16.00	18.00	20.00	22.00						

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

17. Gail Morelle 07/17/20 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Gail Morelle, Vice President _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date



Apprenticeship Training Program

Related Instruction Availability

Trade: Construction Manager (Draft - Pending Approval)

Sponsor Name: Christa Construction, LLC

Sponsor Representative: Gail Morelle - Vice President

Sponsor Address:

No. & Street: 64 Commercial Street, Suite 401 City: Rochester

County: Monroe State: NY Zip Code: 14614

Sponsor Telephone No.: 585-924-3050

Proposed Number of Apprentices: 2

AT Office

Name: NYSDOL - Apprenticeship Training Unit

No. & Street: 276 Waring Road

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [Redacted] Date Prepared: 8/8/19

[] Related instruction is not available. [x] Related instruction is available at:

School

Name: Monroe Community College

No. & Street: 1000 East Henrietta Road

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Dale Pearce Telephone No.: 585-685-6118 Email: [Redacted]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

DLEA

Name: [Redacted]

No. & Street: 30 Hart Street

City: Rochester State: NY Zip Code: 14605

Signature of DLEA _____ Date Prepared: _____

AT 8 (1/19) PENDING DLEA SIGNATURE



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

Christa Construction, LLC, located at _____

(Sponsor)

64 Commercial Street, Suite 401, Rochester, NY 14614

(Address)

is presently accepting applications for an estimated 1 apprentice training positions in

(No. of Openings)

the occupation of Construction Manager (DRAFT)

(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: HSD or High School Equivalency diploma such as TASC or GED.

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

Verbal Statement.

(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 be able to climb and work from ladders and scaffolds of various lengths and heights. Must be able to crawl and work in confined spaces such as attics, manholes, and crawl spaces.

Other:

Must be able to frequently work outdoors in all types of weather. Must be able to lift and carry weights in excess of 50 lbs. for extended time periods. Must be able to stand, sit, squat, and/or bend repeatedly for prolonged periods of time.

Other:

Must have a valid NYS driver's license in order to drive company vehicles. Must have reliable transportation to and from various job sites and required classes at the approved school.

Application Forms May be Obtained From: _____ Dates: From: _____ To: _____

Name: Human Resources Office _____ Days: Monday - Friday _____

Address: _____ Times: 9:00am - 5:00pm _____

64 Commercial Street, Suite 401
Rochester, NY 14614

Phone Number: (585) 924 - 3050 _____ Email Address: _____

Special Instructions:

All Applications Must be (please check) Received Postmarked no Later Than: _____



Sponsor Code _____
 Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate	Trade Construction Manager (Draft)		
Address	City	State	Zip

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply.					
Educational Achievement	Total				Total
<input checked="" type="checkbox"/> 4 Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities		40			
<input checked="" type="checkbox"/> 4 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities		16			
<input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed		16			
<input type="checkbox"/> Other _____		8			
Work Experience	Total				Total
<input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience		20			
<input checked="" type="checkbox"/> 2 Points for Each Year of Active Military Experience		10			
<input type="checkbox"/> Points for Each Year of General Work Experience		10			
<input type="checkbox"/> Other _____					
Seniority	Total				Total
<input checked="" type="checkbox"/> 5 Points for Each Year of Employment With The Sponsoring Firm		20			
<input type="checkbox"/> Other _____		20			
Job Aptitude	Total				Total
<input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____					
<input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____					
<input type="checkbox"/> Other _____					
Oral Interview: Not to Exceed 40% of Total Score	Total				Total
<input checked="" type="checkbox"/> 1-5 Ability to Communicate		20			
<input checked="" type="checkbox"/> 1-5 Willingness to Accept Obligation of Apprenticeship		5			
<input checked="" type="checkbox"/> 1-5 Ability to Reason and Comprehend		5			
<input checked="" type="checkbox"/> 1-5 Interest and Motivation		5			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

Total Allowable Points



100

Total Score →

Rank _____

Evaluated by _____ (Name) _____ Date _____

Sponsor Name Christa Construction, LLC

Sponsor Address 64 Commercial Street, Suite 401, Rochester, NY 14614



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.

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; and/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 an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director 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, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- [] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) 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 Job Bank (www.newyork.us.jobs/).
[] 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 sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:

[Handwritten signature of Gail Morelle]

07/20/2020

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

Date

Gail Morelle, Vice President

Print Name and Title

Approved by:

NYS Department of Labor

Date

Sponsor Name Christa Construction, LLC

Sponsor Code

No. of Apprentices 0

Trade(s) Construction-Superintendent PC MANAGER (ORIST)

Trade Code(s)