



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions JUN 04 2020

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

Section I

- A. Sponsor name: CLASSROOM ACADEMY
B. Trade(s): TEACHER RESIDENT
C. Type of Apprenticeship Training Program (check one):
1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint\* 4. Group Joint (JAC/JATC)\*
\*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
D. Name of entity completing this form: NYSUT EDUCATION LEARNING TRUST
E. Entity completing this form (check one):
Individual Employer/Sponsor Union JAC/JATC Association
Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 800 TROY SCHENECTADY RD
City/Town: LATHAM State: NY Zip Code: 12110
G. Email: H. Phone: (518) 573-6368 I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?
M. Type of Entity (check one and provide attachments as noted in the instructions):
Corporation Partnership Sole-Proprietor LLC LLP Other
N. How many years has your organization been in business? 48
O. Within the past five (5) years, have you done business under a different name?
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?

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?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

\*\* 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.

Daniel Kinley Signature of CEO, Chair, or representative granted legal authority to bind the Entity 5/29/20 Date

Print name and title: DANIEL KINLEY, DIRECTOR OF POLICY AND PROGRAM DEVELOPMENT

Sworn to me this: 29 day of May, 2020 Catherine E. Yankowski Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only  
  
Field - Receipt Date Stamp

NYS Department of Labor  
Apprentice Training  
JUN 04 2020  
Central Office

CATHERINE E. YANKOWSKI  
Notary Public, State of New York  
KdG No. 0144632196  
Qualified in Albany County  
Commission Expires August 8, 2022



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

NYS Department of Labor Apprenticeship Training JUN 04 2020

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B. Trade(s): TEACHER RESIDENT
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint\* 4. Group Joint (JAC/JATC)\*
D. Name of entity completing this form: WSWHE BOCES
E. Entity completing this form (check one): Individual Employer/Sponsor Union JAC/JATC Association
F. Mailing address: Street: 1153 BURGOYNE AVE #2 City/Town: FORT EDWARD State: NY Zip Code: 12828
G. Email: H. Phone: (518) 573-6368 I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?
M. Type of Entity (check one and provide attachments as noted in the instructions): Corporation Partnership Sole-Proprietor LLC LLP Other
N. How many years has your organization been in business? 72
O. Within the past five (5) years, have you done business under a different name?
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?

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2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

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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
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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
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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

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Signature of *J. Dexter* CEO, Chair, or representative granted legal authority to bind the Entity Date 5/26/2020

Print name and title: JAMES DEXTER, DISTRICT SUPERINTENDENT OF SCHOOLS

Sworn to me this: 26 day of May 2020 *Cynthia L Johnson*  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

  
  
  

Field - Receipt Date Stamp

CYNTHIA L. JOHNSON  
 Notary Public, State of New York  
 No. 01JO5071951  
 Qualified in Washington County  
 My Commission Expires 1/27/2023



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- Name of Sponsor: CLASSROOM ACADEMY
- Mailing Address: PO BOX 176 CAMBRIDGE NY 12816 WASHINGTON  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 267 BALLARD RD GANSEVOORT NY 12831 SARATOGA  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 518-573-6368 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: [REDACTED]
- Trade/Occupation: TEACHER RESIDENT
- No. Employees: 251,000 No. Apprentices: \_\_\_\_\_ No. Journeyworkers: 250,000 8. Ratio: 1:1;1:1
- DOT Code: \_\_\_\_\_ 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ \$42000 per YEAR 14. Effective Date of Wages: MAY 1, 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"/> |
| H <input type="checkbox"/>            |
| 0-12                                  | 13-24                                 |                                       |                                       |                                       |                                       |                                       |                                       |                                       |                                       |
| \$1,050/BI-WK                         | \$1,100/BIWK                          |                                       |                                       |                                       |                                       |                                       |                                       |                                       |                                       |

*Please see attachment*

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

17. Colleen McDonald 5/29/20 18. Dan Kenley 5/29/20  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Colleen McDonald, Classroom Academy Daniel Kenley Director of Policy Mgmt  
Print Name and Title Program Director Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

NYS Department of Labor  
Apprentice Training

JUN 04 2020

Central Office



Apprenticeship Training Program

Related Instruction Availability

Trade: TEACHER RESIDENT

Sponsor Name: CLASSROOM ACADEMY

Sponsor Representative: COLLEEN MCDONALD

Sponsor Address:

No. & Street: PO BOX 176 City: CAMBRIDGE

County: WASHINGTON State: NY Zip Code: 12816

Sponsor Telephone No.: 518-573-6368

Proposed Number of Apprentices: \_\_\_\_\_

AT Office

Name: NYS DOL Albany

No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [Redacted] Date Prepared: \_\_\_\_\_

Related instruction is not available.  Related instruction is available at:

School

Name: SUNY EMPIRE

No. & Street: 2 UNION AVE.

City: SARATOGA SPRINGS State: NY Zip Code: 12866

School Representative Contact Information:

Name: REBECCA SANBORN Telephone No.: (518) 587-2100 Email: [Redacted]

School

Name: SUNY PLATTSBURGH @ QUEENSBURY

No. & Street: 640 BAY RD

City: QUEENSBURY State: NY Zip Code: 12804

School Representative Contact Information:

Name: JEAN ANN HUNT Telephone No.: (518) 792-5425 Email: \_\_\_\_\_

DLEA

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip Code: \_\_\_\_\_

Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code \_\_\_\_\_

Trade Code \_\_\_\_\_

CLASSROOM ACADEMY, located at

(Sponsor)

PO BOX 176 CAMBRIDGE, NY 12816

(Address)

is presently accepting applications for an estimated \_\_\_\_\_ apprentice training positions in

(No. of Openings)

the occupation of TEACHER RESIDENT

(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: Must have a 4 YEAR BACHELORS DEGREE AND BE ELIGIBLE FOR ACCEPTANCE INTO A PARTNER GRADUATE TEACHER PREPARATION PROGRAM.

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

N/A

(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:

ACCEPTED INTO A PARTNER GRADUATE LEVEL TEACHER PREPARATION PROGRAM

Other:

After selection and prior to indenture in accordance to The U.S. Equal Employment Opportunity Commission (EEOC) and the U.S. Federal Trade Commission (FTC), candidates must pass a FINGER PRINTING CLEARANCE, AS REQUIRED BY NYSED FOR SCHOOL EMPLOYMENT, AND that meets all Federal, State and Local requirements for these positions.

Other:

Application Forms May be Obtained From:

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: CLASSROOM ACADEMY

Days: APPLICATIONS AVAILABLE ONLINE

Address:

Times: N/A

PO BOX 176  
CAMBRIDGE, NY 12816

Phone Number: (518) 573 - 6368

Email Address: \_\_\_\_\_

Special Instructions:

N/A

All Applications Must be (please check)  Received  Postmarked no Later Than: N/A

NYS Department of Labor  
Apprentice Training

AT 505 (04/16)

See Instructions on Reverse Side

JUN 04 2020

Central Office



Sponsor Code \_\_\_\_\_  
Trade Code(s) \_\_\_\_\_

**Selection Standards and Evaluations**

|                   |                           |       |     |
|-------------------|---------------------------|-------|-----|
| Name of Candidate | Trade<br>TEACHER RESIDENT |       |     |
| Address           | City                      | State | Zip |

| Only those checked apply.   |              | Maximum Points Allowable | Number of Years Credited | Score |              |
|---|--------------|--------------------------|--------------------------|-------|--------------|
| <b>Educational Achievement</b><br><input type="checkbox"/> _____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities<br><input type="checkbox"/> _____ Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities<br><input type="checkbox"/> _____ Points for Each Trade Related Adult or Continuing Education Course Completed<br><input checked="" type="checkbox"/> 5 Other <u>completed Graduate level coursework</u> | <b>Total</b> | 30                       |                          | Total | <b>Total</b> |
|   |              | 30                       |                          |       |              |
| <b>Work Experience</b><br><input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience<br><input checked="" type="checkbox"/> 5 Points for Each Year of Active Military Experience<br><input type="checkbox"/> _____ Points for Each Year of General Work Experience<br><input type="checkbox"/> _____ Other _____   | <b>Total</b> | 30                       |                          | Total | <b>Total</b> |
|   |              | 20                       |                          |       |              |
|   |              | 10                       |                          |       |              |
|   |              |                          |                          |       |              |
|   |              |                          |                          |       |              |
| <b>Seniority</b><br><input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm<br><input type="checkbox"/> _____ Other _____  | <b>Total</b> |                          |                          | Total | <b>Total</b> |
|   |              |                          |                          |       |              |
| <b>Job Aptitude</b><br><input type="checkbox"/> _____ SATB (Specific Aptitude Test Battery) # _____<br>Points for High _____ Medium _____ Low _____<br><input type="checkbox"/> _____ Name of Alternative Aptitude Test _____<br>Administered by _____<br><input type="checkbox"/> _____ Other _____  | <b>Total</b> |                          |                          | Total | <b>Total</b> |
|   |              |                          |                          |       |              |
| <b>Oral Interview: Not to Exceed 40% of Total Score</b><br><input checked="" type="checkbox"/> 0 or 10 Ability to Communicate<br><input checked="" type="checkbox"/> 0 or 10 Willingness to Accept Obligation of Apprenticeship<br><input checked="" type="checkbox"/> 0 or 10 Ability to Reason and Comprehend<br><input checked="" type="checkbox"/> 0 or 10 Interest and Motivation<br><input type="checkbox"/> _____ Other _____<br><input type="checkbox"/> _____ Other _____  | <b>Total</b> | 40                       |                          | Total | <b>Total</b> |
|   |              | 10                       |                          |       |              |
|   |              | 10                       |                          |       |              |
|   |              | 10                       |                          |       |              |
|   |              | 10                       |                          |       |              |
|   |              |                          |                          |       |              |
|   |              |                          |                          |       |              |

Total Allowable Points → 100 Total Score →  

Rank \_\_\_\_\_

Evaluated by \_\_\_\_\_ Date \_\_\_\_\_  
(Name)

Sponsor Name CLASSROOM ACADEMY

Sponsor Address PO BOX 176 CAMBRIDGE, NY 12816



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):

- [X] 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.
[ ] 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 Colleen McDonald

Handwritten date 5/30/20

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

Date

COLLEEN MCDONALD, CLASSROOM ACADEMY PROGRAM DIRECTOR

Print Name and Title

Approved by:

NYS Department of Labor

Date

Sponsor Name CLASSROOM ACADEMY

Sponsor Code

No. of Apprentices

Trade(s) TEACHER RESIDENT

Trade Code(s)