



NEW YORK STATE  
DEPARTMENT OF LABOR  
APPRENTICE TRAINING PROGRAM TRANSMITTAL

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

ATP Code: 18-285

<b>SPONSOR</b> Clove Excavators, Inc				<b>DISTRICT</b> Albany	
<b>NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None)</b> none					
<b>TRADE / OCCUPATION</b> Operating Engineer (Universal Equipment)				<b>REQUESTED DATE</b> 1/12/16	
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> JAC	<b>INDENTURED BY</b>		<input checked="" type="checkbox"/> STATE
<input type="checkbox"/> GROUP	<input checked="" type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC	<input checked="" type="checkbox"/> EMPLOYER	<input type="checkbox"/> AGENT	<input type="checkbox"/> FEDERAL



New York State Department of Labor  
Apprentice Training Program Registration Agreement

*New Program*  
New Program

REVISION

nature of change  
NYS Department of Labor  
Apprentice Training

JAN 14 2016

STATE USE ONLY	
AT Sponsor No.	_____
ATP Code	<u>18-285</u>
Effective date of AT Program	_____

- Name of Sponsor Clove Excavators, Inc. Central Office
- Mailing Address 212 Van Wagner Road Poughkeepsie NY 12603 Dutchess  
(Number & Street) (City) (State) (Zip Code) (County)
- Actual Address 212 Van Wagner Road Poughkeepsie NY 12603 Dutchess  
(Number & Street) (City) (State) (Zip Code) (County)
- Phone (845)452-5030 Ext: \_\_\_\_\_ Fax (845)452-9670
- Trade / Occupation Operating Engineer (Universal Equipment)
- No. Employees 13 No. Apprentices \_\_\_\_\_ No. Journeyworkers 1 7. Ratio 1:1, 1:5  
(Non-Standard)
- ISC Code \_\_\_\_\_ 9. DOT Code 8 5 9 - 6 8 3 - 0 1 0 10. Length of Program 3 6 Months
- Apprentice Probationary Period 9 months 12. Work Process: Standard  or Revised \_\_\_\_\_
- Minimum Journeyworker Rate \$16.00 per hr 14. Effective Date of Wages 1/02/2016

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

1	2	3	4	5	6	7	8	9	10
M _____ 0-2000 H <u>x</u>	M _____ 2001-4000 H <u>x</u>	M _____ 4001-6000 H <u>x</u>	M _____ 6001-6300 H <u>x</u>	M _____ H _____					
\$12.75	\$13.75	\$14.75	\$15.75						

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

- Signature of the Official Sponsor Representative [Signature] Date 12/27/15
- Signature of the Union Representative \_\_\_\_\_ Date 1/1
- Print Name and Title of Official Sponsor Representative  
Marc Vumbico, President
- Print Name, Title and Union Name  
Lisa Wood, Operations Manager
- Signature of New York State Department of Labor \_\_\_\_\_ Date 1/1



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor  
Apprentice Training  
JAN 14 2015

Central Office

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: Clove Excavators, Inc.		Trade Name: Operating Engineer (Universal Equipment)
Name of Entity Completing Form: Clove Excavators, Inc.		FEIN No. [REDACTED]
Mailing Address: 212 Van Wagner Road, Poughkeepsie New York 12603		NYS Employer Registration (ER) [REDACTED]
Fax No.: (845) 452-9670	Phone No.: (845) 452-5030	E-mail Address: [REDACTED]
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? 10		
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 checked="" type="checkbox"/> No <input 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"/>

**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 Apprenticeship Training Office to verify information and UI compliance in connection with this application or program.

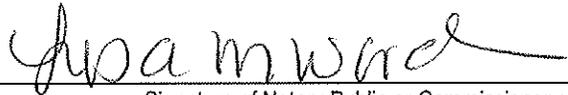
The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or signatory or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes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

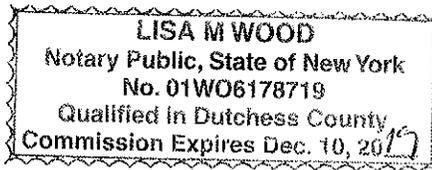
  
\_\_\_\_\_  
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

10/29/15  
Date

Marc Vumbico, President  
Print Name and Title

Sworn to me this: 9<sup>th</sup> day of December 2015

  
\_\_\_\_\_  
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor  
Apprentice Training  
JAN 14 2016  
Central Office



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Trade
Operating Engineer (Universal Equipment)
Sponsor Name
Clove Excavators, Inc.
Sponsor's Representative
Lisa Wood
Sponsor Address (No. & Street) (City)
212 Van Wagner Rd Poughkeepsie
(County) (State) (Zip Code)
Dutchess NY 12603
Sponsor Telephone No.
845-452-5030
Proposed Number of Apprentices
1

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School CTCNYS-ENY

Address 21 Railroad Ave

Address Albany, NY 12205

School Representative: Joshua Reap

AT Office Name and Address:

Albany Field Office  
NYS DOL  
State Office Campus  
Building 12, RM 288  
Albany, NY 12240

Apprentice Training Representative:



Date Prepared:

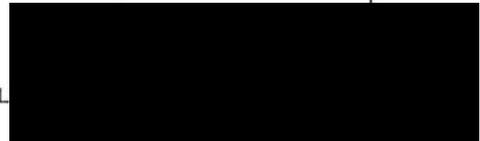
1/7/16

AT 8 (05/08)

Name and Address of DLEA:

Nancy Jones  
Capital Region BOCES  
1015 Watervliet Shaker Rd  
Albany, NY 12205

Signature of DLEA:



Date Prepared:

1/8/16

NYS Department of Labor  
Apprentice Training

RECEIVED  
JAN 14 2016

Central Office

RECEIVED  
NYS DEPARTMENT OF LABOR



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

Clove Excavators, Inc.

\_\_\_\_\_ , located at  
212 Van Wagner Road, Poughkeepsie New York 12603

*(Sponsor)*  
\_\_\_\_\_  
*(Address)*

is presently accepting applications for an estimated 1 apprenticeship training positions in  
*(No. of openings)*

the occupation of Operating Engineer (Universal Equipment)

*(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 \_\_\_\_\_

(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: Drug and Alcohol Screening upon offer of employment at owner's expense

NYS Department of Labor  
Apprentice Training

JAN 14 2016

Other: Reasonable transportation to and from work

Central Office

Other: \_\_\_\_\_

Application forms may be obtained from:

Name: Clove Excavators, Inc.

Address: 212 Van Wagner Road  
Poughkeepsie, New York 12603

Phone number: (845) 452-5030

Special instructions: \_\_\_\_\_

Dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Days: \_\_\_\_\_

Times: 7:00 AM - 4:00 PM

Email address: 

All applications must be received/postmarked (please circle) no later than \_\_\_\_\_

NEW YORK STATE DEPARTMENT OF LABOR  
 SELECTION STANDARDS AND EVALUATIONS

NAME OF CANDIDATE	TRADE <u>Operating engineer</u> ( <u>universal equipment</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 10 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 3 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER \_\_\_\_\_

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
TOTAL	<u>26</u>			TOTAL
	<u>10</u>			
	<u>10</u>			
	<u>6</u>			

WORK EXPERIENCE

- 5 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 1 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 1 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER \_\_\_\_\_

TOTAL	<u>17</u>			TOTAL
	<u>10</u>			
	<u>3</u>			
	<u>4</u>			

SENIORITY

- 5 POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM
- 3 OTHER Points for each year in related trade-already employed with company

TOTAL	<u>27</u>			TOTAL
	<u>15</u>			
	<u>12</u>			

JOB APTITUDE

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

TOTAL				TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 0-5 ABILITY TO COMMUNICATE
- 0-10 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 0-10 ABILITY TO REASON AND COMPREHEND
- 0-5 INTEREST AND MOTIVATION
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_

TOTAL	<u>30</u>			TOTAL
	<u>5</u>			
	<u>10</u>			
	<u>10</u>			
	<u>5</u>			

TOTAL ALLOWABLE POINTS

<u>100</u>	TOTAL SCORE	
------------	-------------	--

RANK \_\_\_\_\_

EVALUATED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Name)

SPONSOR NAME Clove Excavators, Inc.

SPONSOR ADDRESS 212 Van Wagner Road, Poughkeepsie NY 12603

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 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.

12/22/15  
Date

NYS Department of Labor  
Apprentice Training  
JAN 14 2016  
Central Office