



NYS DOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

SEP 23 2020

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: EIA Electric Inc
B. Trade(s): Electrician
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: EIA Electric
E. Entity completing this form (check one): [X] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 34-07 37th Ave City/Town: Long Island City State: NY Zip Code: 11101
G. Email: [redacted] H. Phone: (646) 827-1245 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 [X] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 42
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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 12/10/2019

Print name and title: Matthew Orent Chief Operating Officer

Sworn to me this: 10 day of December _____
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
 Field - Receipt Date Stamp

NYS Department of Labor
 Apprentices Training
 SEP 23 2020
 Central Office

ALINA FATTAKHOVA
 COMMISSIONER OF DEEDS, CITY OF NEW YORK
 Registration No. 4-7266
 Qualified in Queens County
 Commission Expires July 1, 2020



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- 1. Name of Sponsor: EIA Electric Inc
- 2. Mailing Address: 34-07 37th Ave Long Island City NY 11101 Queens
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 34-07 37th Ave Long Island City NY 11101 Queens
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 646-827-1245 Ext. _____ Fax No.: _____
- 5. E-mail Address: _____
- 6. Trade/Occupation: Electrician
- 7. No. Employees: 174 No. Apprentices: 1 No. Journeyworkers: 115 8. Ratio: 1:1:1:3
- 9. DOT Code: 824.261-010 10. Length of Program: 60 months
- 11. Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 22.00 per hour 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"/>									
0-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48	49-54	55-60
\$15.00	\$15.50	\$16.00	\$16.50	\$17.00	\$17.50	\$18.00	\$18.50	\$19.00	\$20.00

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

17. [Signature] _____ 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Matthew Orent Chief Operating Officer
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date



Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Related Instruction Availability

Trade: Electrician SEP 23 2020

Sponsor Name: EIA Electric Inc

Sponsor Representative: Matthew Orent Central Office

Sponsor Address:

No. & Street: 34-07 37th Avenue City: Long Island City

County: Queens State: NY Zip Code: 11101

Sponsor Telephone No.: 646 827 1245

Proposed Number of Apprentices: 0

AT Office

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Apprentice Training Representative: _____ Date Prepared: _____

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

School

Name: Apex Technical School

No. & Street: 24-02 Queens Plaza S

City: Long Island City State: NY Zip Code: 11101

School Representative Contact Information:

Name: Marisol Zacarias Telephone No.: 2126202875 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

DLEA

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Signature of DLEA _____ Date Prepared: _____



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training

SEP 23 2020

Central Office

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

EIA Electric Inc _____, located at
(Sponsor)

34-07 37th Avenue, Long Island City, NY 11101
(Address)

is presently accepting applications for an estimated **0** apprenticeship 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, GED Equivalent or TASC**

Physical Condition: Be physically able to perform the work required as determined by
Able to lift and carry up to 50 pounds.

(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 have reliable transportation to and from job site and related instruction classes.

Other:
At the company's expense we require a background check and drug test depending on project requirement.

Other:

Application Forms May be Obtained From: _____ Dates: From: _____ To: _____
Name: _____ Days: _____
Address: _____ Times: _____

Phone Number: (____) ____ - _____ Email Address: _____

Special Instructions:

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

SEP 23 2020



Department of Labor

New York State Department of Labor

Central Office

Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate		Trade	
Address		City	State Zip
Only those checked apply.			
Educational Achievement		Maximum Points Allowable	Number of Years Credited
<input checked="" type="checkbox"/> 3	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	36	
<input checked="" type="checkbox"/> 3	Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	6	
<input checked="" type="checkbox"/> 3	Points for Each Trade Related Adult or Continuing Education Course Completed	6	
<input checked="" type="checkbox"/> 3	Other <u>For Each Safety Class Taken</u>	6	
Total		18	Total
Work Experience		Maximum Points Allowable	Number of Years Credited
<input checked="" type="checkbox"/> 3	Points for Each Year of Trade Related Work Experience	21	
<input checked="" type="checkbox"/> 3	Points for Each Year of Active Military Experience	6	
<input checked="" type="checkbox"/> 3	Points for Each Year of General Work Experience	6	
<input type="checkbox"/>	Other _____	9	
Total		21	Total
Seniority		Maximum Points Allowable	Number of Years Credited
<input type="checkbox"/>	Points for Each Year of Employment With The Sponsoring Firm		
<input type="checkbox"/>	Other _____		
Total			Total
Job Aptitude		Maximum Points Allowable	Number of Years Credited
<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 _____		
Total			Total
Oral Interview: Not to Exceed 40% of Total Score		Maximum Points Allowable	Number of Years Credited
<input checked="" type="checkbox"/> 0-5	Ability to Communicate	20	
<input checked="" type="checkbox"/> 0-6	Willingness to Accept Obligation of Apprenticeship	5	
<input checked="" type="checkbox"/> 0-5	Ability to Reason and Comprehend	5	
<input checked="" type="checkbox"/> 0-5	Interest and Motivation	5	
<input type="checkbox"/>	Other _____		
<input type="checkbox"/>	Other _____		
Total		20	Total

Total Allowable Points →

80 Total Score →

Rank _____

Evaluated by _____ Date _____

Sponsor Name Matthew Orent Chief Operating Officer

Sponsor Address 34-07 37th Avenue, Long Island City, NY 11101



SEP 28 2020

Central Office

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; 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 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 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.
- 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: _____

3/2/20

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

Date

Matthew Orent, Chief Operating Officer

Print Name and Title

Approved by: _____

NYS Department of Labor

Date

Sponsor Name _____ Sponsor Code _____ No. of Apprentices _____

Trade(s) _____ Trade Code(s) _____