



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

Sponsor Code: _____

ATP Code: 31-321

| | | | | | |
|--|---|---|---|--|---|
| SPONSOR EPP Team, Inc. dba Empire Precisin Plastics | | | | DISTRICT Western_Rochester | |
| NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None) NONE | | | | | |
| TRADE / OCCUPATION Mold Maker, Die-Casting & Plastic Molding | | | | REQUESTED DATE <u>06/01/15</u> | |
| <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP | <input type="checkbox"/> JOINT <input checked="" type="checkbox"/> NON - JOINT | <input type="checkbox"/> JAC <input checked="" type="checkbox"/> NON - JAC | INDENTURED BY <input checked="" type="checkbox"/> EMPLOYER <input type="checkbox"/> AGENT | | <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEDERAL |

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

Date A.A. Plan 6/01/15
and Program Copy to DEOD
(For Construction Trades Only)

| | | | | | | | | |
|---------------------|--------------------------|-------------------------------------|---------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|-------------------------------------|
| | Yes | No | | Yes | No | | Yes | No |
| New Trade | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Waiver of Ratio Requested | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Public Work Violations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other A.T. Programs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Work Process Change | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Federal Wage and Hour Violations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

DESCRIPTION OF SPONSOR

EPP Team, Inc. dba Empire Precision Plastics is a full-service injection molding solutions provider w [redacted] designing, tooling, and processing molds for precision parts. Industries served include optics, medical/healthcare, industrial, and military/aerospace. [redacted]

MAY 29 2015

ROCHESTER

New York State Department of Labor

Apprentice Training Program Registration Agreement



Revision NEW PROGRAM
(nature of change)

| State Use Only | |
|------------------------------|--------|
| AT sponsor no. | |
| ATP code | 31-321 |
| Effective date of AT program | |

- Name of sponsor: EPP Team, Inc. dba Empire Precision Plastics
- Mailing address: 500 Lee Road, Suite 400 Rochester New York 14606 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual address: 500 Lee Road, Suite 400 Rochester New York 14606 Monroe
(number & street) (city) (state) (zip code) (county)
- Telephone no.: (585) 454-4995 213 (585) 697-3576
(telephone #) (ext. #) (fax #)
- Trade/Occupation: Mold Maker, Die-Casting & Plastic Molding
- No. employees: 84 No. apprentices: 1 No. journeyworkers: 5 7. Ratio: 1:1;1:1
(non-standard)
- ISC code: N/A 9. DOT code: 601-280-030 10. Length of program: 48 months
- Apprentice probationary period: 12 months 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$ 15.50 per hour 14. Effective date of wages: 04/07/15
- Apprentice wage progression for each period - in months (M) or hours (H)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|--|--|--|--|--|--|--|--|--|
| M <input type="checkbox"/> H <input checked="" type="checkbox"/> 1000 | M <input type="checkbox"/> H <input type="checkbox"/> | M <input type="checkbox"/> H <input type="checkbox"/> |
| \$10.00 | \$10.50 | \$11.00 | \$11.50 | \$12.00 | \$13.00 | \$13.50 | \$14.50 | | |

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

17. Scott McLaren 5/18/2015 18. _____ / /
Signature of official sponsor representative Date Signature of union representative Date
Scott McLaren, Tool Room Manager
Print name and title _____
Print name, title, and union name _____

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



New York State Department of Labor

Sponsor Information Sheet

Received Apprenticeship Unit

MAY 29 2015

ROCHESTER

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: EPP Team, Inc. dba Empire Precision Plastics; Trade Name: Mold Maker, Die-Casting & Plastic Molding; Name of Entity Completing Form: Kathy Elli; FEIN No.; Mailing Address: 500 Lee Rd., Ste 400, Rochester, NY 14606; NYS Employer Registration (ER) No.; Fax No.: (585) 454-0449; Phone No.: (585) 454-4995; E-mail Address; Type of Entity (Mark primary function); How many years has your organization been in business? 22; Have you done business under a different name?; Is the Sponsor a Group Joint or Group Non-Joint Program?

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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APPRENTICESHIP UNIT CENTRAL OFFICE



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Received
Apprenticeship Unit
APR 16 2015
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| |
|--|
| Trade |
| Mold Maker, Die-Casting & Plastic Molding |
| Sponsor Name |
| EPP Team, Inc. dba Empire Precision Plastics |
| Sponsor's Representative |
| Scott McLaren |
| Sponsor Address (No. & Street) |
| 500 Lee Road, Suite 400 |
| (City) |
| Rochester |
| (County) |
| Monroe |
| (State) |
| NY |
| (Zip Code) |
| 14606 |
| Sponsor Telephone No. |
| 585-454-4995 |
| Proposed Number of Apprentices |
| 1 |

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Monroe Community College
Economic & Workforce Development Ctr.
1057 East Henrietta Road
Rochester, NY 14623

Mr. Ross Micali

AT Office Name and Address:

NYS Department of Labor
Apprenticeship Training
276 Waring Road
Rochester, NY 14609

Apprentice Training Representative:

Date Prepared:

04/10/15

AT 8 (05/08)

Name and Address of DLEA:

Paul Burke, Program Administrator
Rochester City School District
30 Hart Street, Room 218
Rochester, NY 14605

Site:

Date Prepared:

4/14/2015

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CENTRAL OFFICE

DMG MORI SEIKI USA
For Online Classroom
Relater Instruction ONLY
www.dmgmoriseikiusa.com



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

SP:
ATP: 31-321

EPP Team, Inc. dba Empire Precision Plastics, located at
(Sponsor)

500 Lee Road, Suite 400, Rochester, NY 14606
(Address)

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

the occupation of Mold Maker, Die-Casting & Plastic Molding
(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 signed affidavit.

Must be able to push, pull, and lift up to 50 lbs. Prolonged standing is required. Will be

(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: exposed to loud noises. Legally able to work in USA. Must have reliable

transportation to/from work & school. Must be able to provide basic hand tools. Tool list

Other: attached. Estimated cost of tools is \$1,060.00. Apprentices will pay for tuition & books up front. Reimbursement for tuition & books is as follows: 100% reimbursement upon

Other: course completion for final grade of "A". 80% reimbursement for final grade of "B". 60% reimbursement for final grade of "C". No reimbursement for final grade of "D" or lower.

Application forms may be obtained from _____

Dates: From: N/A to: N/A

Name: _____

Days: Monday-Friday

Address: _____

Times: 7:00 AM-4:00 PM

Phone number: () _____

Email address: _____

Special instructions: [REDACTED]

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All applications must be received/postmarked (please circle) no later than N/A



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

Sponsor Code: _____
ATP Code: 31-321

| | | | |
|-------------------|--|-------|-----|
| NAME OF CANDIDATE | TRADE Mold Maker, Die-Casting & Plastic Molding | | |
| ADDRESS | CITY | STATE | ZIP |

ONLY THOSE CHECKED APPLY

| | | MAXIMUM POINTS ALLOWABLE | NUMBER OF YEARS CREDITED | SCORE | |
|---|---|--|--------------------------|-------|-------------|
| EDUCATIONAL ACHIEVEMENT | | | | | |
| TOTAL | | 20 | | | TOTAL |
| <input checked="" type="checkbox"/> | 2 | POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES | | | |
| <input checked="" type="checkbox"/> | 2 | POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE <u>9</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES | | | |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| TOTAL | | 14 | | | TOTAL |
| <input checked="" type="checkbox"/> | 3 | POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE | | | |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE | | | |
| <input type="checkbox"/> | | POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| SENIORITY | | | | | |
| TOTAL | | 20 | | | TOTAL |
| <input checked="" type="checkbox"/> | 4 | POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| JOB APTITUDE | | | | | |
| TOTAL | | | | | TOTAL |
| <input type="checkbox"/> | | SATB (SPECIFIC APTITUDE TEST BATTERY) # _____ | | | |
| <input type="checkbox"/> | | POINTS FOR HIGH _____ MEDIUM _____ LOW _____ | | | |
| <input type="checkbox"/> | | NAME OF ALTERNATIVE APTITUDE TEST: _____ | | | |
| <input type="checkbox"/> | | ADMINISTERED BY _____ | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE | | | | | |
| TOTAL | | 16 | | | TOTAL |
| <input checked="" type="checkbox"/> | 1 | ABILITY TO COMMUNICATE | | | |
| <input checked="" type="checkbox"/> | 1 | WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP | | | |
| <input checked="" type="checkbox"/> | 1 | ABILITY TO REASON AND COMPREHEND | | | |
| <input checked="" type="checkbox"/> | 1 | INTEREST AND MOTIVATION | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| | | TOTAL ALLOWABLE POINTS | | 70 | TOTAL SCORE |

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME EPP Team, Inc. dba Empire Precision Plastics

SPONSOR ADDRESS 500 Lee Road, Suite 400, Rochester, NY 14606

AT 508 (03-08)

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Received
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MAY 29 2015
ROCHESTER

SP:
ATP: 31-321

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: _____

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

5/29/15
Date



New York State Department of Labor, 276 Waring Rd, Rochester NY 14609

Please send to your regional DOL office:

Apprenticeship Agreement

Sponsor No. _____ ATP Code 31-321

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include Name of Apprentice (SAWYER, Lou W.), Name of Program Sponsor (EPP Team, Inc. dba Empire Precision Plastics), Physical address (500 Lee Road, Suite 400, Rochester, Monroe, New York, 14606), Trade (Mold Maker, Die-Casting & Plastic Molding), Start Date, Length of program (48 months), DOL Apprentice Probation Period (12 months), Minimum Journey-Worker Rate (\$15.50/hour), and Credit for previous training (12 Months).

9. Apprentice Wage Progression (Without Benefits) for each Period - in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: [] Months [X] Hours [] Points [] Sections

Table with 10 columns representing periods and corresponding wage rates ranging from \$10.00 to \$14.50.

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Signatures and dates of the apprentice/parent and the official sponsor representative.

II. Worksite Training Completion or Termination

Check one: [] Completed Worksite Training [] Terminated for Cause [] Quit [] Layoff [] Program Termination [] Transfer

Completion or Termination Date _____

Comments _____

State Use Only box for tracking completion/termination with fields for Date and Init. for ATC, DLEA, and Data Entry.

Signature of Official Sponsor Representative

Date

Print Name

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

[] Apprentice has satisfied the RI requirements. Completion date: _____ [] Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative

Date

Print Name

State Use Only box for tracking RI completion with fields for Date and Init. for ATC, DLEA, and Data Entry.

Must be returned within 30 days of receipt