



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	<u>77998</u>
ATP Code	<u>13-180</u>
Effective Date of AT Program	

- 1. Name of Sponsor: Halcyon, Inc.
- 2. Mailing Address: 865 County Rd. #6 Phelps NY 14532 Ontario
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: Same
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 315-946-6200 Ext. _____ Fax No.: [REDACTED]
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Plumber
- 7. No. Employees: 150 No. Apprentices: 1 No. Journeyworkers: 18 8. Ratio: 1:1:1:3
- 9. DOT Code: 862.381.030 10. Length of Program: 60 months
- 11. Apprentice Probationary Period: 12 Months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ \$20.00 per Hour 14. Effective Date of Wages: 11/14/19

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 type="checkbox"/>										
	6	6	6	6	6	6	6	6	6	6
	\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00	\$16.00	\$17.00	\$18.00

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

17. [Signature] 11-14-19 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Harold E Smith JR CEO _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date



Apprenticeship Agreement

I. Apprenticeship Agreement **Central Office**

Sponsor No. 77998

ATP Code 13-180

Name of Apprentice (Last, First, M.I.) <u>Griffiths Benjamin</u>		1. Name of Program Sponsor Halcyon, Inc.	
[Redacted]		Physical address of Program Sponsor (no. and street) 865 County Road #6	
		City Phelps,	County Ontario
		State NY	Zip code 14532
		Mailing address of Program Sponsor (no. and street) Same	
		City	County
		State	Zip code
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Plumber			
4. Length of program (Months) 60		5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Monroe Community College		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$20.00
8. Credit for previous training or experience: <u>18</u> Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <u>Meister Plumbing</u>			

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
6	6	6	6	6	6	6	6	6	6
\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00	\$16.00	\$17.00	\$18.00

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

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 11/14/19
 Signature of Official Sponsor Representative: [Signature] Date: 11/20/19

Registered by the New York State Department of Labor:

Signature New York State Department of Labor: _____ Date: ____/____/____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
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		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____



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: Halcyon, Inc. (DBA Halco Plumbing And Heating)

B. Trade(s): Plumber

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: Halcyon, Inc.

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: 865 County Rd 6 City/Town: Phelps State: NY Zip Code: 14532

G. Email: [redacted] H. Phone: (315) 946-6200 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? Yes No

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? 35

O. Within the past five (5) years, have you done business under a different name? Yes No If 'Yes', provide attachments as noted in the instructions.

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 No If 'Yes', provide attachments as noted in the instructions.

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 No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? Yes No
3. Any grant of immunity for conduct constituting a crime under state or federal law? Yes No

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

NYS Department of Labor Apprentice Training

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Central Office

- 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 entire company to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity: Harold E Smith Date: 11-6-19

Print name and title: Harold E Smith JR CEO

Sworn to me this 6th day of November Shana J Ranger
 Signature of Notary Public or Commissioner of Deeds



SHANA J RANGER
 PUBLIC-STATE OF NEW YORK
 No. 01RA6155393
 Qualified in Ontario County
 Commission Expires 11-13-2022

AT 9 (05/16)

NYS Department of Labor
 Apprentice Training

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Received
Apprenticeship Unit

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Apprenticeship Training Program

Sponsor Code 77998

Trade Code 13-180

Related Instruction Availability

Trade: Plumber

Sponsor Name: Halcyon, Inc.

Sponsor Representative: Hal Smith

Sponsor Address:

No. & Street: 865 County Rd #6 City: Phelps

County: Ontario State: NY Zip Code: 14532

Sponsor Telephone No.: 315-946-6200

Proposed Number of Apprentices: 1

AT Office

Name: New York State Department of Labor

No. & Street: 276 Waring Rd.

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 11/14/19

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: Monroe Community College

No. & Street: 2485 West Henrietta Rd

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Dale Pearce

Telephone No.: (585) 685-6118 Email: dpearce4@monroecc.edu

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Paul Burke Office of Adult & Continuing Education

Central Office

No. & Street: Rochester City School District, 30 Hart Street

City: Rochester State: NY Zip Code: 14605

Signature of DLEA [REDACTED] Date Prepared: 11/19/19

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Department
of Labor

New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 77798

Trade Code 13-180

Halcyon, Inc., located at _____

(Sponsor)

856 County Rd #6, Phelps, NY 14532

(Address)

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

(No. of Openings)

the occupation of Plumber

(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 High School Equivalency Diploma (such as TASC or GED). Proof required at time of enrollment or hire.

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

Apprentices must be able to climb, lift up to 50 lbs unassisted, work in confined areas, work at various heights on ladders, lifts or scaffolds, and work outdoors in all weather conditions. Apprentice's verbal statement verifying ability to perform these tasks will be required prior to enrollment.

(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 a valid driver's license. Will be required to operate company vehicles.

Other:

Must be willing to submit to random drug testing. Cost is covered by the sponsor.

Other:

Must be an employee of the company for a minimum of 90 days prior to enrollment.

Application Forms May be Obtained From:

Name: Reception

Address:

856 County Rd #6, Phelps, NY 14532

Phone Number: (____) ____ - ____

Special Instructions:

Dates: From: _____ To: _____

Days: Monday-Friday

Times: 8:00 AM - 4:00 PM

Email Address: _____

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

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Apprentice Training

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Sponsor Code 77998

Trade Code(s) 13-180

Selection Standards and Evaluations

Name of Candidate	Trade Plumber		
Address	City	State	Zip

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply. Educational Achievement <input checked="" type="checkbox"/> 2 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Year of Related Technical Education Past Grade 12 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	24		Total	Total
Work Experience <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 _____	Total	17		Total	Total
Seniority <input checked="" type="checkbox"/> 4 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	20		Total	Total
Job Aptitude <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	Total
Oral Interview: Not to Exceed 40% of Total Score <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	8		Total	Total

Total Allowable Points



69	Total Score →
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Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Halcyon, Inc.

Sponsor Address 865 County Rd. #6, Phelps, NY 14532

NYS Department of Labor
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AT 508 (5-16)

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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 Harold E. Smith

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

1-10-19 Date

Harold E. Smith - President

Approved by:

[Redacted signature area]

NYS Department of Labor

Date

Sponsor Name Halcyon, Inc. DBA HALCO ENERGY Sponsor Code 77998 No. of Apprentices 1,1,1,1,1,1

Trade(s) Plumber Trade Code(s) 17-072, 56-458, 13-181, 15-201, 89-484

AT 602 (7-16)

NYS Department of Labor Apprentice Training

13-480

NYS Department of Labor Apprentice Training

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