



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions

SEP 09 2020

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: Independent Contractors Guild of WNY, Inc.
B. Trade(s): Skilled Construction Craft Laborer
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: Independent Contractors Guild of WNY, Inc.
E. Entity completing this form (check one): [] Individual Employer/Sponsor [] Union [] JAC/JATC [X] Association [] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 243 Manhattan Avenue City/Town: Buffalo State: NY Zip Code: 14214
G. Email: [REDACTED] H. Phone: (716) 464-3442 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): [X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 4
O. Within the past five (5) years, have you done business under a different name? [X] Yes [] 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] 07-07-2020
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Frank Daniel President

Sworn to me this: 9th day of July 2020 [Signature]
Signature of Notary Public or Commissioner of Deeds



DAWN D GRIFFIN
NOTARY PUBLIC STATE OF NEW YORK
ERIE
LIC. #01GR6299041
COMM. EXP. 03/17/2022

NYS Department of Labor
Apprentice Training

SEP 03 2020

Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

Either Frank Daniel or John O'Hare can sign forms

State Use Only	
AT Sponsor No.	
ATP Code	18-514
Effective Date of AT Program	

1. Name of Sponsor: Independent Contractors Guild of ~~Central and Western NY~~ ^{WNY, Inc. (P)}
 2. Mailing Address: 243 Manhattan Ave. Buffalo NY 14214 Erie
(number & street) (city) (state) (zip code) (county)
 3. Actual Address: same
(number & street) (city) (state) (zip code) (county)
 4. Telephone No.: (716) 464-3442 Ext. _____ Fax No.: _____
 5. E-mail Address: [REDACTED]

6. Trade/Occupation: Skilled Construction Craft Laborer
 7. No. Employees: 5 ⁴⁰ No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1:1:3
 9. DOT Code: 869.463-580 10. Length of Program: 24 months
 11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
 13. Minimum Journeyworker Rate: \$ 23.00 per hour 14. Effective Date of Wages: 1/27/20

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"/>	M <input type="checkbox"/>								
H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
<u>\$13.</u>	<u>\$15</u>	<u>\$17</u>	<u>\$19</u>						

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

17. [Signature] 7/6/2020 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Frank Daniel - President _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

SEP 08 2020

Central Office

WE ARE YOUR DOL

NYS Department of Labor
Apprenticeship Training



Apprenticeship Training Program

Sponsor Code _____

Trade Code 18-514

Received:
Apprenticeship Unit

SEP 08 2020

AUG 13 2020

Related Instruction Availability

ROCHESTER

Trade: General Construction Craft Laborer

Winn, Dan R

Sponsor Name: Independent Contractors Guild of Central and Western NY dba Craft Technical Institute

Sponsor Representative: Frank Daniel

Sponsor Address:

No. & Street: 243 Manhattan Avenue City: Buffalo

County: Erie State: New York Zip Code: 14214

Sponsor Telephone No.: (716) 464-3442

Proposed Number of Apprentices: 4

AT Office

Name: NYS Department of Labor-Buffalo Apprenticeship Office

No. & Street: 290 Main St - Mezz Level

City: Buffalo State: New York Zip Code: 14202

Apprentice Training Representative: [Redacted] Date Prepared: 7/3/20

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

School

Name: Craft Technical Institute Inc. PENDING SED APPROVAL

No. & Street: 243 Manhattan Avenue

City: Buffalo State: New York Zip Code: 14214

School Representative Contact Information:

Name: Frank Daniel

Telephone No.: (716) 464-3442

Email: [Redacted]

School

Name: Craft Technical Institute Inc. PENDING SED APPROVAL

No. & Street: 1001 East Delavan Avenue

City: Buffalo State: New York Zip Code: 14215

School Representative Contact Information:

Name: Frank Daniel

Telephone No.: (716) 464-3442

Email: [Redacted]

DLEA

Name: [Redacted]

No. & Street: 389 Virginia Street

City: Buffalo State: New York Zip Code: 14201

Signature of DLEA: [Redacted]

Date Prepared: 8/6/20



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 18-514

Independent Contractors Guild of WNY, Inc., located at _____

(Sponsor)

243 Manhattan Ave. Buffalo, NY 14214

(Address)

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

(No. of Openings)

the occupation of Skilled Construction Craft Laborer

(Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

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Minimum Age: 18

Minimum Education: High School Diploma or Equivalent (such as TASC or GED) SEP 03 2020

Physical Condition: Be physically able to perform the work required as determined by applicant written statement. Must be able to lift 50 lbs. Will be required to work from heights of at least 8 feet in confined spaces, and outside in all kinds of weather. May be exposed to loud noises and respiratory irritants.

(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:

May be subject to criminal background check. May be subject to random drug testing throughout apprenticeship program at expense of contractor.

Other:

Must be able to read, hear, and understand verbal and/or written instructions and warnings given in English.

Other:

Must have reliable transportation to and from work and to and from classes at the approved school. Apprentice may be required to purchase basic hand tools such as hammer, measuring tape, and tool belt with approximate cost of \$100.

Application Forms May be Obtained From: _____ Dates: _____ From: _____ To: _____

Name: Craft Technical Institute, Inc. Days: Monday - Friday

Address: _____ Times: 9AM-4PM

243 Manhattan Ave.
Buffalo, NY 14214

Phone Number: (716) 464 - 3442 Email Address: _____

Special Instructions:

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



Selection Standards and Evaluations

Name of Candidate	Trade Skilled Construction Craft Laborer		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement	Total	27			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		8			
<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		15			
<input type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed					
<input checked="" type="checkbox"/> 4 Other <u>Completion of Osha 10 course</u>		4			
Work Experience	Total	30			Total
<input checked="" type="checkbox"/> 3 Points for Each Year of Trade Related Work Experience		15			
<input checked="" type="checkbox"/> 1 Points for Each Year of Active Military Experience		10			
<input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience		5			
<input type="checkbox"/> Other _____					
Seniority	Total	12			Total
<input checked="" type="checkbox"/> 3 Points for Each Year of Employment With The Sponsoring Firm		12			
<input type="checkbox"/> Other _____					
Job Aptitude	Total				Total
<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 _____					
Oral Interview: Not to Exceed 40% of Total Score	Total	16			Total
<input checked="" type="checkbox"/> 1 Ability to Communicate		4			
<input checked="" type="checkbox"/> 1 Willingness to Accept Obligation of Apprenticeship		4			
<input checked="" type="checkbox"/> 1 Ability to Reason and Comprehend		4			
<input checked="" type="checkbox"/> 1 Interest and Motivation		4			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

NYS Department of Labor
Apprentice Training

Total Allowable Points



85	Total Score →	
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Rank _____

Evaluated by Central Office (Name) Date _____

Sponsor Name Independent Contractors Guild of WNY, Inc.

Sponsor Address 243 Manhattan Ave., Buffalo, NY 14214



Department of Labor

New York State Department of Labor

Received Apprenticeship Unit AUG 18 2020 ROCHESTER

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]

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

7/11/2020 Date

Frank Daniel- President

Print Name and Title

Approved by:

NYS Department of Labor

Date

Sponsor Name

Independent Contractors Guild of Central and WNY, IAC

Sponsor Code

No. of Apprentices

Trade(s)

Skilled Construction Craft Laborer

Trade Code(s)

18-514

NYS Department of Labor Apprentice Training

AT 602 (7-16)

SEP 03 2020

Central Office