



New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor John Mezzalingua Associates, LLC (dba JMA Wireless)		District Central
Name, local no. and address of union (If none, write none) None		
Trade/Occupation Machinist CNC 32-130A		Requested date 7/15/15
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> JAC
<input type="checkbox"/> Group	<input checked="" type="checkbox"/> Non-Joint	<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
and program copy to DEOD



New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision (nature of change)

New Program

State Use Only	
AT sponsor no.	
ATP code	32-130A
Effective date of AT program	

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- Name of sponsor: John Mezzalingua Associates, LLC (dba JMA Wireless)
- Mailing address: PO Box 678 Liverpool NY 13088 Onondaga (number & street) (city) (state) (zip code) (county)
- Actual address: 7645 Henry Clay Blvd Liverpool NY 13088 Onondaga (number & street) (city) (state) (zip code) (county)
- Telephone no.: 315-431-7122 (telephone #) (ext. #) (fax #)
- Trade/Occupation: Machinist CNC
- No. employees: 335 No. apprentices: 1 No. journeyworkers: 3 7. Ratio: 1:1, 1:1 (non-standard)
- ISC code: 9. DOT code: 600.280-022 10. Length of program: 48 months
- Apprentice probationary period: 12 mos 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$ 20 per hr 14. Effective date of wages: 4/1/15
- 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 checked="" type="checkbox"/> 1000	M <input type="checkbox"/> H <input type="checkbox"/> 1000	M <input type="checkbox"/> H <input type="checkbox"/> 1000						
10.00	12.00	14.00	16.00	18.00	20	20	20		

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

17. Warren Davis 3/9/15
 Signature of official sponsor representative Date
 Warren Davis Corporate Vice President, Human Resources
 Print name and title

18. Not Applicable 1/1
 Signature of union representative Date
 Print name, title, and union name

19. _____
Signature New York State Department of Labor

Date



New York State Department of Labor

Sponsor Information Sheet

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: John Mezzalingua Associates, LLC (dba JMA Wireless); Trade Name: Machinist CNC; Name of Entity Completing Form: Warren Davis; FEIN No.; Mailing Address: PO Box 678 Liverpool, NY 13088; NYS Employer Registration (ER) No.; Fax No.; Phone No.: (315) 431-7122; E-mail Address; Type of Entity (Mark primary function): Corporation, Partnership, Proprietorship, Joint Venture, LLC (checked), LLP, Other; JATC, Association, Union, 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? 4; 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 No (checked); 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 Apprenticeship Training Representative. Yes No (checked)

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 (checked). 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?

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 Apprentice 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

3/9/2015
Date

WARREN DAVIS
VICE PRESIDENT, Human Resources

Print Name and Title

Sworn to me this: 9th day of March 2015



Signature of Notary Public or Commissioner of Deeds

FRITZIE B CALIMPONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CA6283418
Qualified in Onondaga County
My Commission Expires June 03, 2017

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NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade		
Machinist CNC		
Sponsor Name		
John Mezzalingua Associates, LLC (dba JMA Wireless)		
Sponsor's Representative		
Warren Davis		
Sponsor Address (No. & Street)		(City)
7645 Henry Clay BLVD		Liverpool
(County)	(State)	(Zip Code)
Onondaga	NY	13088
Sponsor Telephone No.		
315-431-7122		
Proposed Number of Apprentices		
1		

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School

Onondaga Community College

Address

4585 West Seneca Turnpike

Address

Syracuse, NY 13215

School Representative:

Robert Latham

Name and Address of DLEA:

John Dittman

Sidney Johnson Vocational Center

573 E Genesee St.

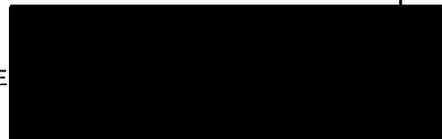
Syracuse, NY 13202

AT Office Name and Address:

Apprentice Training Representative:



Signature of DLEA



Date Prepared: 3/26/15

Date Prepared:

JUL 24 2015

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

John Mezzalingua Associates, LLC (dba JMA Wireless) _____, located at

7645 Henry Clay Blvd, Liverpool, NY ^(Sponsor) ~~13057~~ 13058 _____

(Address)

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

the occupation of Machinist CNC _____
(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 equivalence _____

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: _____

Other: _____

Other: _____

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Application forms may be obtained from: _____ Dates: From: _____ to: _____

Name: JMA Wireless _____ Days: Monday-Friday _____

Address: 7645 Henry Clay Blvd _____ Times: 9am-4:30pm _____
Liverpool, NY 13057 _____

Phone number: (315) 431-7122 _____ Email address: jmawireless.com/about/jobs _____

Special Instructions: _____

Applicants can apply online or come in person for application _____

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

See Instructions on Reverse Side



**NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS**

NAME OF CANDIDATE	TRADE Machinist CNC
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 11 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 2 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 2 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- _____ OTHER _____

WORK EXPERIENCE

- 4 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 2 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- 2 OTHER Military Related Training

SENIORITY

- 1 POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM
- _____ OTHER _____

JOB APTITUDE

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

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- _____ ABILITY TO COMMUNICATE
- _____ WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- _____ ABILITY TO REASON AND COMPREHEND
- _____ INTEREST AND MOTIVATION
- _____ OTHER _____
- _____ OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	18		TOTAL
	10		
	4		
	4		
TOTAL	34		TOTAL
	16		
	6		
	6		
	6		
TOTAL	8		TOTAL
	8		
TOTAL			TOTAL
TOTAL	40		TOTAL
	10		
	10		
	10		
	10		

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TOTAL ALLOWABLE POINTS

➔	100	➔	TOTAL SCORE	➔	
---	-----	---	-------------	---	--

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME John Mezzalingua Associates, LLC (dba JMA Wireless)

SPONSOR ADDRESS 7645 Henry Clay Blvd, Liverpool, NY 13088

**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.

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CLERK

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: _____



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

3, 9, 2015
Date



Apprenticeship Agreement

Sponsor No. _____ ATP Code 31-227 32-130A

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>Lucier, Matthew</u>		1. Name of Program Sponsor John Mezzalingua Associates, LLC (dba JMA Wireless)	
[Redacted]		Physical address of Program Sponsor (no. and street) 645 Henry Clay Blvd	
		City Liverpool	State NY
[Redacted]		County Onondaga	Zip code 13088
		Mailing address of Program Sponsor (no. and street) PO Box 678	
[Redacted]		City Liverpool	State NY
		County Onondaga	Zip code 13088
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Onondaga Community College, Syracuse, NY		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Machinist <u>CNC</u>	
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)		3. Start Date	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Length of program (Months) 48	7. Minimum Journey-Worker Rate \$20.00

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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 Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1000	1000	1000	1000	1000	1000	1000	1000		
10.00	12.00	14.00	16.00	18.00	20.00	20.00	20.00		

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: 7,15,15
 Signature of Official Sponsor Representative: [Signature] Date: 7,15,15

Registered by the New York State Department of Labor:

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

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 (Lack of Work) 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	_____	_____

Must be returned within 30 days of receipt