



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 31-227
Effective date of ATP program

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APPRENTICE TRAINING
CENTRAL OFFICE

- 1. Name of sponsor: John Mezzalingua Associates, LLC (dba JMA Wireless)
2. Mailing address: PO Box 678, Liverpool, NY 13088, Onondaga (county)
3. Actual address: 7645 Henry Clay Blvd, Liverpool, NY 13088, Onondaga (county)
4. Telephone no.: 315-431-7122
5. Trade/Occupation: Tool and Die Maker
6. No. employees: 335, No. apprentices: 1, No. journeyworkers: 3, 7. Ratio: 1:1, 1:1 (non-standard)
8. ISC code: , 9. DOT code: 601.260-010, 10. Length of program: 48 months
11. Apprentice probationary period: 12 mos, 12. Work process: Standard [checked] or Revised
13. Minimum journeyworker rate: \$ 20 per hr, 14. Effective date of wages: 4/1/15
15. Apprentice wage progression for each period - in months (M) or hours (H)

Table with 10 columns representing periods 1-10. Each column has checkboxes for M (Month) and H (Hours) and a numerical value. Values range from 1000 to 20.

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

17. Signature of official sponsor representative: Warren Davis Corporate Vice President, Human Resources
Date: 3, 9, 15

18. Signature of union representative: Not Applicable
Date: / /

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

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School
Onondaga Community College
Address
4585 West Seneca Turnpike
Address
Syracuse, NY 13215
School Representative:
Robert Latham

AT Office Name and Address:

Name and Address of DLEA:
John Dittman
Sidney Johnson Vocational Center
573 E Genesee St.
Syracuse, NY 13202

Apprentice Training Representative:

Signature of DLEA

Date Prepared: 3/26/15

Date Prepared:

AT 8 (05/08)

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Apprenticeship Agreement

Sponsor No. _____ ATP Code 31-227

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include: Name of Apprentice (Last, First, M.I.), Name of Program Sponsor, Physical address of Program Sponsor, City, County, State, Zip code, Mailing address of Program Sponsor, Trade type, Start Date, Length of program, DOL Apprentice Probation Period, Related and Supplemental Instruction (RI) Provider(s), RI Compensated, Minimum Journey-Worker Rate, and Credit for previous training or experience.

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

Table with 10 columns representing periods and 2 rows representing wage rates. Values range from 1000 to 20.00.

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

Signatures and dates for Apprentice/Parent/Guardian, Official Sponsor Representative, and State Department of Labor registration.

State Use Only box for registration tracking: 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 Quit Layoff Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only box for completion/termination tracking: To ATC, To DLEA, Data Entry.

Signature of Official Sponsor Representative, Date, and 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, and Print Name.

State Use Only box for RI completion tracking: To ATC, To DLEA, Data Entry.

Must be returned within 30 days of receipt



**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~~ 13098

(Address)

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

the occupation of Tool and Die Maker
(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: _____

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 Tool and Die Maker		
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 _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
TOTAL	18			TOTAL
	10			
	4			
	4			

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

TOTAL	34			TOTAL
	16			
	6			
	6			
	6			

SENIORITY

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

TOTAL	8			TOTAL
	8			

JOB APTITUDE

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

TOTAL				TOTAL

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 _____

TOTAL	40			TOTAL
	10			
	10			
	10			
	10			

TOTAL ALLOWABLE POINTS

100	TOTAL SCORE	→	
-----	-------------	---	--

RANK _____

EVALUATED BY _____ DATE _____

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

SPONSOR ADDRESS 7645 Henry Clay Blvd, Liverpool, NY 13088

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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. 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.

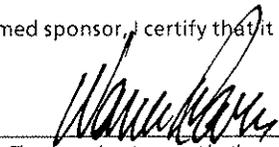
C. **MINIMUM QUALIFICATIONS AND SELECTION STANDARDS:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Notice of Apprentice Training Opportunity, and Form AT 508, Selection Standards and Evaluation, attached.

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: _____



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

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COMMISSION OFFICE