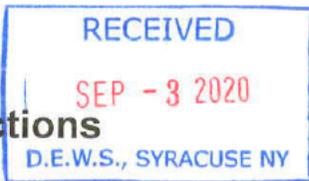




New York State Registered Apprenticeship Training Program

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: John Mezzalingua Associates, LLC. d/b/a JMA Wireless
B. Trade(s): Quality Assurance, GNC Machinist, CNC Maintenance Technician, Toolmaker
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: John Mezzalingua Associates, LLC. d/b/a JMA Wireless
E. Entity completing this form (check one):
[X] 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: PO Box 678
City/Town: Liverpool State: NY Zip Code: 13088
G. Email: [Redacted] H. Phone: (315) 431-7100 I. Fax:
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):
[] Corporation [] Partnership [] Sole-Proprietor [X] LLC [] LLP [] Other
N. How many years has your organization been in business? 8
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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? [X] 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 [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

NYS Department of Labor

** 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 of CEO, Chair, or representative granted legal authority to bind the Entity: Jinda Chapman Date: 8/19/2020

Print name and title: Jinda Chapman, VP YR

Sworn to me this: 19 day of August 2020 Erin G. Hyatt
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

ERIN G. HYATT
 Notary Public • State of New York
 No. 01HY6295050
 Qualified in Cayuga County
 My Commission Expires December 23, 2021

*certificate of good standing
 Filed in Onondaga County 8.14.18*

NYS Department of Labor
 Apprentice Training
 SEP 10 2020
 Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	<u>52201</u>
ATP Code	<u>89-558</u>
Effective Date of AT Program	

- 1. Name of Sponsor: John Mezzalingua Associates, LLC (DBA JMA Wireless)
- 2. Mailing Address: PO Box 678 Liverpool NY 13088 Onondaga
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 7645 Henry Clay bl Liverpool NY 13088 Onondaga
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 315-431-7100 Ext. _____ Fax No.: _____
- 5. E-mail Address: _____
- 6. Trade/Occupation: Quality Assurance Auditor
- 7. No. Employees: 400 No. Apprentices: 3 No. Journeyworkers: 3 8. Ratio: 1:1.1
- 9. DOT Code: 194.387-010 10. Length of Program: 24 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: _____

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"/>	M <input type="checkbox"/>	M <input type="checkbox"/>							
H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>							
\$12.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$20.00	\$20.00		

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

17. John Chapman 8/19/2020
Signature of Official Sponsor Representative Date
John Chapman VP JMA
Print Name and Title

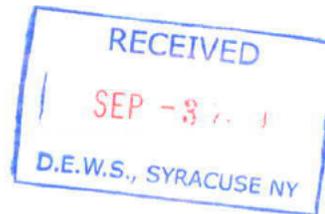
18. Raymond O'Connell 8/24/2020
Signature of Union Representative Date
RAYMOND O'CONNOR VP OF OPS
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

SEP 10 2020

Central Office





SEP 10 2020 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 52201 ATP Code 89558

Name of Apprentice (Last, First, M.I.) HORTON SAULG H

1. Name of Program Sponsor
JMA Wireless

Physical address of Program Sponsor (no. and street)
7645 Henry Clay Blvd

City County State Zip code
Liverpool Onondaga NY 13088

Mailing address of Program Sponsor (no. and street)
PO Box 678

City County State Zip code
Liverpool Onondaga NY 13088

2. Trade: Time-based Competency-based Hybrid
Quality Assurance Auditor

3. Start Date 8/19/2020 4. Length of program (Months) 24 5. DOL Apprentice Probation Period for Completion Rates (Months) 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
ToolingU.com, Onondaga Community College

RI Compensated
 Yes No

7. Minimum Journey-Worker Rate
\$20.00/hour

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer Previous Experience (Employer name):

RECEIVED
SEP - 9 2020
DUNKIRK, STRACUSE NY

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

1	2	3	4	5	6	7	8	9	10
12.00	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.

Song H Hunt Signature of Apprentice and Parent/Guardian if age 16-17 Date 8/19/2020
John Chapman Signature of Official Sponsor Representative Date 8/19/2020

Registered by the New York State Department of Labor:

Signature New York State Department of Labor Date

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 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	_____



SEP 10 2020

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 52201 ATP Code 89558

Name of Apprentice (Last, First, M.I.) POMEROY JAMES M

1. Name of Program Sponsor
JMA Wireless

Physical address of Program Sponsor (no. and street)
7645 Henry Clay Blvd

City County State Zip code
Liverpool Onondaga NY 13088

Mailing address of Program Sponsor (no. and street)
PO Box 678

City County State Zip code
Liverpool Onondaga NY 13088

2. Trade: Time-based Competency-based Hybrid
Quality Assurance Auditor

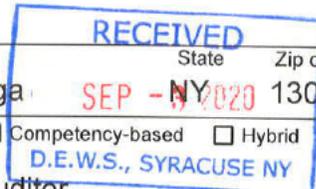
3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
24 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
ToolingU.com, Onondaga Community College

RI Compensated
 Yes No

7. Minimum Journey-Worker Rate
\$20.00/hour

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer Previous Experience (Employer name):



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
12.00	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 8/18/20

Signature of Official Sponsor Representative [Signature] Date 8/19/2020

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 Quit Layoff Program Termination Transfer

Completion or Termination Date _____

Comments _____

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

Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

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	_____



Apprenticeship Training Program

Related Instruction Availability

Trade: Quality Assurance Auditor
Sponsor Name: John Mezzalingua Associates, LLC DBA JMA Wireless
Sponsor Representative: Ray Oliver
Sponsor Address:
No. & Street: 7645 Henry Clay Blvd City: Liverpool
County: Onondaga State: NY Zip Code: 13088
Sponsor Telephone No.: 315-431-7100
Proposed Number of Apprentices: _____

AT Office

Name: Central (SYR)
No. & Street: 450 S Salina Street
City: Syracuse State: NY Zip Code: 13202
Apprentice Training Representative: [Redacted] Date Prepared: 9/3/20

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

School

Name: Onondaga Community College
No. & Street: 4585 W Seneca Turnpike
City: Syracuse State: NY Zip Code: 13215

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

School

Name: ToolingU
No. & Street: online (ToolingU.com)
City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

DLEA

Name: [Redacted]
No. & Street: 573 East Genesee Street
City: Syracuse State: NY Zip Code: 13202
Signature of DLEA _____ Date Prepared: _____

NYS Department of Labor
Apprentice Training
SEP 10 2020

Central Office



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 52201

Trade Code 89-558

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

(Sponsor)

7645 Henry Clay Blvd, Liverpool, NY 13088

(Address)

is presently accepting applications for an estimated apprenticeship training positions in

(No. of Openings)

the occupation of Quality Assurance Auditor

(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 equivalent (GED/TASC)

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

Applicants verbal statement

(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:

NYS Department of Labor
Apprentice Training

SEP 10 2020

Other:

Central Office

Application Forms May be Obtained From:

Name: JMA Wireless

Address:

7645 Henry Clay Blvd
Liverpool NY 13057

Phone Number: (315) 431 - 7100

Dates: From: To:

Days: Monday-Friday

Times: 9am -4:30pm

Email Address: [Redacted]

Special Instructions:

All Applications Must be (please check) [X] Received [] Postmarked no Later Than:



Selection Standards and Evaluations

Name of Candidate: Trade ~~Electrician~~ Quality Assurance Auditor
Address: City State Zip

Table with columns: Educational Achievement, Work Experience, Seniority, Job Aptitude, Oral Interview. Rows include criteria like 'Points for Each Year of Educational Past Grade 12' and 'Points for Each Year of Trade Related Work Experience'.

Total Allowable Points -> 100 Total Score ->

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name John Mezzalingua Associates, LLC (dba JMA Wireless)

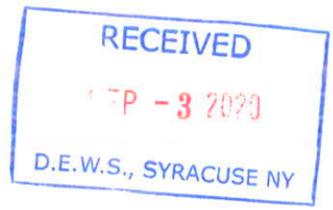
Sponsor Address 7645 Henry Clay Blvd, Liverpool, NY

AT 508 (5-16)

NYS Department of Labor Apprentice Training

SEP 10 2020

Central Office





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: Linda Chapman]

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

[Handwritten date: 8/19/2020]

Date

[Handwritten name and title: Linda Chapman, VP HR]

Print Name and Title

Approved by:

NYS Department of Labor

Date

Sponsor Name: IMA Wireless, Sponsor Code: 52201, No. of Apprentices: [blank]

Trade(s): Quality Assurance Auditor, Trade Code(s): 89-558 / 32377

Electronics Mechanic (CNC System Maintenance)

AT 602 (7-16)

NYS Department of Labor Apprenticeship Training

SEP 10 2020

Central Office