



NYS DOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

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: Johnston & Rhodes Bluestone Co.
- B. Trade(s): Eng. / Heavy Duty Repairer / Maintenance Mechanic
- C. Type of Apprenticeship Training Program (check one): Skilled Construction Craft Laborer
 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: _____
- 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: P.O. Box 130
 City/Town: East Branch State: NY Zip Code: 13756
- G. Email: _____ H. Phone: 607-363-7595 I. Fax: 607-363-7894
- J. Federal Employer Identification Number (FEIN): _____
- K. NYS Unemployment Insurance Employer Registration (ER) Number: _____
- 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? 100+
- 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.

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.

Peter B. Johnston Sr. 12/18/18
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: PETER B. JOHNSTON SR. PRESIDENT

Sworn to me this: 18th day of December 2018 *Gail S. Simpson*
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

NYS Department of Labor
 Apprenticeship Training
 FEB 05 2019
 Central Office
 GAIL S. SIMPSON
 Notary Public
 in The State of New York
 Sullivan Co. No. 2327
 Commission Expires 7/11/22



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program
Trade Re-activation

State Use Only	
AT Sponsor No.	
ATP Code	18-288
Effective Date of AT Program	

1. Name of Sponsor: Johnston & Rhodes Bluestone Co
2. Mailing Address: PO Box 130 East Branch NY 13756 Delaware
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 34 Bridge St East Branch NY 13756 Delaware
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 607-363-7595 Ext. _____ Fax No.: 607-363-7894
5. E-mail Address: _____
6. Trade/Occupation: Operating Engineer - Heavy Duty Repairer
7. No. Employees: 28 No. Apprentices: _____ No. Journeyworkers: 1 8. Ratio: _____
9. DOT Code: _____ 10. Length of Program: 48 months
11. Apprentices Probationary Period: 12 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 14.10 per hour 14. Effective Date of Wages: 1/1/19

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 checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input 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"/>					
<u>0-3</u>	<u>3-9</u>	<u>9-15</u>	<u>12</u>	<u>12</u>	<u>9</u>				
<u>\$ 11.10</u>	<u>\$ 11.60</u>	<u>\$ 12.10</u>	<u>\$ 12.60</u>	<u>\$ 13.10</u>	<u>\$ 13.60</u>				

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

17. Jennifer Appley 1/1/19
Signature of Official Sponsor Representative Date
Jennifer Appley Maintenance & Safety
Print Name, and Title

18. _____
Signature of Union Representative Date

Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date



Related Instruction Availability

Trade: Operating Engineer (Heavy Duty Repairer, Maintenance Mechanic, CNC Tool & Cutter Grinder, Skilled Construction Craft Laborer)

Sponsor Name: Johnston & Rhodes Bluestone Co

Sponsor Representative: Jennifer Appley

Sponsor Address:

No. & Street: PO Box 130, 34 Bridge St City: East Branch

County: Delaware State: NY Zip Code: 13756

Sponsor Telephone No.: 607-363-7595

Proposed Number of Apprentices: _____

AT Office

Name: NYS Department of Labor Apprenticeship Training

No. & Street: 450 S. Salina St Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [Redacted] Date Prepared: _____

Related instruction is not available.

Related instruction is available at:

School

Name: ToolingU *NYS Department of Labor Apprenticeship Training*

No. & Street: _____ State: _____ Zip Code: _____

City: _____

School Representative: FEB 05 2019

School

Name: Penn Foster *Central Office*

No. & Street: _____ State: _____ Zip Code: _____

City: _____

School Representative: _____

DLEA

Name: Lynette Bryan Supervisor of Instructional Programs Broome-Tioga BOCES 4

No. & Street: 35 Glenwood Road Binghamton, New York 13905

City: _____ State: _____ Zip Code: _____

Signature of DLEA [Redacted] Date Prepared: 1/25/19



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

Johnston & Rhodes Bluestone Co _____, located at _____
(Sponsor)

PO Box 130, 34 Bridge St East Branch NY 13756 _____
(Address)

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

the occupation of Operating Engineer (Heavy Equipment Repairer) _____
(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: None _____

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

Applicant self attestation

(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 driver's license to operate company vehicles

Other:

*New York State Department of Labor
Apprentice Training*

Other:

FEB 05 2019

Central Office

Application Forms May be Obtained From:

Dates: From: _____ To: _____

Name: Johnston & Rhodes Bluestone Co

Days: Monday to Friday

Address:

Times: 8:00am - 4:30 pm

34 Bridge St
East Branch NY 13756

Phone Number: (607) 363 - 7595

Email Address: _____

Special Instructions:

Applications may be picked up in person or applicants can call the office

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



Selection Standards and Evaluations

Name of Candidate _____	Trade _____		
Address _____	City _____	State _____	Zip _____

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply. Educational Achievement <input type="checkbox"/> _____ Points for Each Year of Educational Past Grade _____ or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	Total	6			Total
Work Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Active Military Experience <input type="checkbox"/> _____ Points for Each Year of General Work Experience <input type="checkbox"/> _____ Other _____	Total	14			Total
Seniority <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	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
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> <u>1</u> Ability to Communicate <input checked="" type="checkbox"/> <u>1</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>1</u> Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total	8			Total

Total Allowable Points → 28 Total Score →

Rank _____

Evaluated by _____ (Name) _____ Date _____

Sponsor Name Johnston & Rhodes Bluestone Co

Sponsor Address 34 Bridge St, East Branch NY 13756

AT 508 (5-16) *NYS Department of Labor Apprenticeship*

FEB 05 2019

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):

- [X] 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.
[] 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 Peter B. Johnston Sr.]

12/17/18 Date

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

PETER B. JOHNSTON SR. PRESIDENT

Print Name and Title