



DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

ATP Code:

17-072

SPONSOR <i>Judlow-TC Electric JV</i>		DISTRICT <i>NYC</i>
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) <i>NONE</i>		
TRADE / OCCUPATION <i>Electrician</i>		REQUESTED DATE <i>Jan 4, 2016</i>
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> GROUP	<input type="checkbox"/> JOINT <input checked="" type="checkbox"/> NON - JOINT	<input type="checkbox"/> JAC <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



Apprentice Training Program Registration Agreement

Revision New Program
(nature of change)

NYS Department of Labor
Apprentice Training

JAN 13 2016

Central Office

State Use Only	
AT sponsor no.	
ATP code	17-072
Effective date of AT program	

- Name of sponsor: Judlau - TC Electric JV
- Mailing address: 160-55 Cross Bay Blvd., Suite 203, Howard Beach Ny 11414 Queens
(number & street) (city) (state) (zip code) (county)
- Actual address: 26-15 Ulmer Street College Point New York 11354 Queens
(number & street) (city) (state) (zip code) (county)
- Telephone no.: 718-554-2689 (telephone #) 718-554-2719 (ext. #) (fax #)
- Trade/Occupation: Electrician
- No. employees: 16 No. apprentices: 1 No. journeyworkers: 5 7. Ratio: 1:1, 1:3 (non-standard)
- ISC code: 1731 9. DOT code: 824-261-010 10. Length of program: 60 months
- Apprentice probationary period: 12 months 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$19.25 per hour 14. Effective date of wages: November 1, 2015
rate does not include benefits
- 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"/> 1640	M <input type="checkbox"/> H <input type="checkbox"/>								
\$ 9.00	\$10.55	\$ 11.90	\$ 13.10	\$ 15.75					

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

17. *Charles Magrath* 12/17/15
 Signature of official sponsor representative Date
 CHARLES MAGRATH, PRESIDENT.
 Print name and title
 Cesar Perez, Vice President

18. _____ / /
 Signature of union representative Date

 Print name, title, and union name

19. _____ / /
 Signature New York State Department of Labor Date



Sponsor Information Sheet

JAN 05 2016

NYC

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.

Sponsor Name: TC Electric, LLC		Trade Name: <i>Electrician</i>
Name of Entity Completing Form: TC Electric, LLC		FEIN No. [REDACTED]
Mailing Address: 14-45 117th St., College Pt., NY 11356		NYS Employer Registration (ER) No. [REDACTED]
Fax No.: 718-554-2719	Phone No.: 718-554-2680	E-mail Address: [REDACTED]
Type of Entity (Mark primary function): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> 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? 10		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

12/17/15

Date

CHARLES MAGRATH, PRESIDENT

Print Name and Title

Sworn to me this: 17th day of DECEMBER 2015



Signature of Notary Public or Commissioner of Deeds
NYS Department of Labor
Apprentice Training

SOHAN M. KHAN
Notary Public - State of New York
No. 01KH6218525
Qualified in Bronx County
My Commission Expires March 8, 2018

JAN 13 2016

Central Office



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor
Apprenticeship Training Office

JAN 05 2016

NYC
NYS Department of Labor
Apprentice Training
Central Office

Instructions:

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- 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.

Sponsor Name: <u>Judlau Contracting, Inc</u>		Trade Name: <u>Electrician</u>	
Name of Entity Completing Form: <u>Judlau Contracting, Inc.</u>		FEIN No.: [REDACTED]	
Mailing Address: <u>26-15 Ulmer St., College Point, NY 11354</u>		NYS Employer Registration (ER) No.: [REDACTED]	
Fax No.: <u>(718) 661-3761</u>	Phone No.: <u>(718) 554-2320</u>	E-mail Address: [REDACTED]	
Type of Entity (Mark primary function): Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> 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? <u>35</u>			
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? See Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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? See Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? See Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

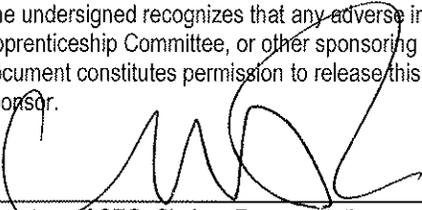
Certification – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

Applicant, sponsor, signatory or union:

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- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

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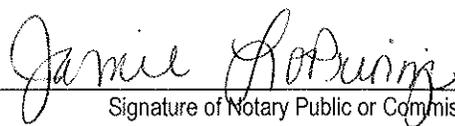


 Signature of CEO, Chair or Representative granted legal authority to bind the Entity

12-17-2015 Cesar Pereira, Vice President

 Date Print Name and Title

Sworn to me this: 17th day of December, 2015



 Signature of Notary Public or Commissioner of Deeds

JAMIE LOPRINZI
NOTARY PUBLIC, STATE OF NEW YORK
QUEENS COUNTY
LIC. # 01LO6138413
COMM. EXP. 3/25/2014

NYS Department of Labor
 Apprentice Training
 JAN 13 2016
 Central Office



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade	Electrician	
Sponsor Name	Judlau TC Electric JV	
Sponsor's Representative	Joanne B. Monez	
Sponsor Address (No. & Street)	(City)	
26-15 Ulmer Street	College Point	
(County)	(State)	(Zip Code)
Queens	New York	11354
Sponsor Telephone No.	(718) 554-2680	
Proposed Number of Apprentices	1	

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

BTEEA - Transit Tech High School

(Name of School)

One Wells Street

(Address)

Brooklyn, New York 11208

(Address)

Joanne B. Monez

(School Representative)

AT Office Name and Address

APPRENTICESHIP TRAINING [REDACTED]
75 VARICK STREET 7th FLOOR
NEW YORK, NY 10013

Apprentice Training Representative: [REDACTED]

Date Prepared: December 1, 2015

AT 8 (11-98)

Name and Address of DLEA:

New York City Dept. of Education
Brooklyn Adult Learning Center
475 Nostrand Avenue
Brooklyn, NY 11216

Date: 12/09/15

(Must be completed and returned within 10 days from receipt.)

NYS Department of Labor
Apprentice Training

JAN 1 9 2016

Central Office

NYS Department of Labor
Apprenticeship Training Office

DEC 14 2015

NYC

NYS Department of Labor
Apprenticeship Training Office

NOV 09 2015

NYC



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

Judlau TC Electric JV

_____, located at
26-15 Ulmer Street, College Point, New York 11354
(Address)

is presently accepting applications for an estimated TBA apprentice training positions in
(No. of openings)
the occupation of Electrician
(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 GED or TASC

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

NYS Department of Labor
Apprentice Training

JAN 13 2016

Central Office

(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: An apprentice electrician is required to perform all phases of work in the electrical installation industry. This will include working with hand tools and power tools, and being exposed to loud noises, hazardous machinery, hazardous voltages and respiratory irritants. It may also include prolonged standing, climbing, walking and repeated squatting, stretching and bending.

Other: Some work may be required under extreme temperature exposure ranging from 0 degrees (outside work in the winter) to 140 degrees (the inside of a ceiling in the summer or boiler rooms year round). Additionally, everyday work may be at such temperatures and in confined areas where movement is greatly limited (such as transformer vaults and equipment services tunnels).

Other: An electrician is expected to lift and move heavy fixtures and equipment up to 100 pounds, and will also work from ladders, scaffolds and personnel lifts, which may exceed 100 feet. As an essential function of the job, an electrician should have the ability to distinguish colors.

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

Name: Building Trades Employers Ed. Assco. Days: Monday - Friday

Address: 160-55 Cross Bay Blvd., Suite 203 Times: 2PM - 4PM

Howard Beach, New York 11414

Phone number: (718) 738-4455 Email address: LearnElectric@aol.com

Special instructions: All applicants must submit proof of birth date upon selection.

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

NYS Department of Labor
Apprenticeship Training Office

See Instructions on Reverse Side

AT 505 (7-10)

NOV 09 2015

NYC



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUTION

Sponsor Code: _____

ATP Code: 17-072

NAME OF CANDIDATE		TRADE <u>Electrician</u>	
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

MAXIMUM POINTS ALLOWABLE NUMBER OF YEARS CREDITED SCORE

EDUCATIONAL ACHIEVEMENT

TOTAL

35		
10		
15		
10		

TOTAL

- 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES 9
- 5 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

35		
----	--	--

TOTAL

WORK EXPERIENCE

TOTAL

15		
5		
15		

- 5 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 5 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 5 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER _____

SENIORITY

TOTAL

TOTAL

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

JOB APTITUDE

TOTAL

TOTAL

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

NYS Department of Labor
Apprentice Training
JAN 13 2016

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

Central Office

15		
3		
5		
2		
5		

TOTAL

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

TOTAL ALLOWABLE POINTS

85

TOTAL SCORE

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME Judlau TC Electric JV, 26-15 Ulmer Street, College Pont, NY 11354, c/o BTEEA
 SPONSOR ADDRESS 160-55 Cross Bay Blvd., Suite 203, Howard Beach, NY 11414 **NYS Department of Labor**
Apprenticeship Training Office

NOV 09 2015

NYS Department of Labor
Apprenticeship Training Office

Judlau - TC Electric JV
26-15 Ulmer Street
College Point, New York 11354

NOV 09 2015
NYS Department of Labor
Apprentice Training

NYC

JAN 13 2016

NON-DISCRIMINATION PLAN
(SHORT FORM)

Central Office

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 Apprenticeship 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.
- (XX) 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 Chairperson of the Apprenticeship Committee or their authorized representative.

Date

11, 9, 2015

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) SWAIN Leonard		1. Name of Program Sponsor Judlau - TC Electric JV		NYS Department of Labor Apprenticeship Training Office					
[Redacted]		Physical address of Program Sponsor (no. and street) 26-15 Ulmer Street		City County State Zip code College Point Queens NY 11354					
[Redacted]		Mailing address of Program Sponsor (no. and street) BTEEA 160-55 Cross Bay Blvd. Suite 203		City County State Zip code Howard Beach Queens New York 11414					
[Redacted]		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid		Electrician					
3. Start Date		4. Length of program (Months) 60		5. DOL Apprentice Probation Period for Completion Rates (Months) 12					
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BTEEA - Transit Tech High School, Brooklyn, NY		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$ 19.25 per hour					
8. Credit for previous training or experience: 0 Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)		NYS Department of Labor Apprentice Training		JAN 13 2016					
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: <input type="checkbox"/> Months <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections									
1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640				Central Office	
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

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: Leonard Swain Date: 10/22/15
 Signature of Official Sponsor Representative: [Signature] Date: 10/23/15

Registered by the New York State Department of Labor:

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

Signature New York State Department of Labor

Date

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	_____	_____

Must be returned within 30 days of receipt