



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions SEP 18 2020

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

A. Sponsor name: Kris-Tech Wire

B. Trade(s): Industrial Manufacturing Technician

C. Type of Apprenticeship Training Program (check one):
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: Kris-Tech Wire

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: 80 Otis Street
City/Town: Rome State: NY Zip Code: 13441

G. Email: [REDACTED] H. Phone: 315-339-5268 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?..... 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? 36

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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 8/11/2020

Print name and title: Graham Brodock, CEO

Sworn to me this: 11th day of August, 2020 Signature of Notary Public or Commissioner of Deeds Heady Calabrese

NYS DOL Official Use Only

Field - Receipt Date Stamp



NYS Department of Labor
Apprentice Training
SEP 18 2020
Central Office



Apprentice Training Program Registration Agreement

Revision

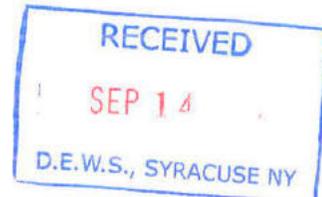
Nature of Change: New Program

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

- 1. Name of Sponsor: Kris-Tech Wire
2. Mailing Address: 80 Otis Street, Rome, NY, 13441, Oneida
3. Actual Address: same
4. Telephone No.: 315-339-5268
5. E-mail Address:
6. Trade/Occupation: Industrial Manufacturing Technician
7. No. Employees: 85, No. Apprentices: 1, No. Journeyworkers: 1, 8. Ratio: 1:1, 1
9. DOT Code:
10. Length of Program: 16 months
11. Apprentice Probationary Period: 12 months
12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$17 per hour
14. Effective Date of Wages:

15. Apprentice wage progression for each period - in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M/H, Rate, Progression) for apprentice wage progression.



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

17. Signature of Official Sponsor Representative: Wendy Calabrese, Date: 9/8/2020
Signature of Union Representative:
Date:

19. Signature New York State Department of Labor
Date

NYS Department of Labor
Apprentice Training

SEP 18 2020

Central Office



SEP 18 2020 Apprenticeship Agreement

47-567

I. Apprenticeship Agreement

Central Office

Sponsor No. _____

ATP Code _____

Name of Apprentice (Last, First, M.I.) <i>Cullop Jack</i>		1. Name of Program Sponsor Kris-Tech Wire	
[Redacted]		Physical address of Program Sponsor (no. and street) 80 Otis Street Oneida NY 13441	
		City	County State Zip code
		Mailing address of Program Sponsor (no. and street) same	
		City County State Zip code	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Industrial Manufacturing Technician			
3. Start Date	4. Length of program (Months) 16	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Mohawk Valley CC, SUNY Morrisville, SUNY Polytechnic Institute		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$17.00
8. Credit for previous training or experience: Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> 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
0	4000								
\$15.00	\$16.00								

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

[Signature] _____ *8/11/2020* _____ *[Signature]* _____ *8/11/2020*
 Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

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 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	_____	_____

WE ARE YOUR DOL



Sponsor Code _____

Trade Code 47-567

Related Instruction Availability

Trade: Industrial Manufacturing Technician

Sponsor Name: Kris-Tech Wire

Sponsor Representative: Wendy Calabrese

Sponsor Address:

No. & Street: 80 Otis Street City: Rome

County: Oneida State: NY Zip Code: 13441

Sponsor Telephone No.: 315-339-5268

Proposed Number of Apprentices: 1

AT Office

Name: DEWS

No. & Street: 450 South Salina Street

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 8/12/2020

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: SUNY Morrisville

No. & Street: 80 Eaton St

City: Morrisville State: NY Zip Code: 13408

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

School

Name: SUNY Polytechnic (SEE ATTACHED SHEET FOR ADDITIONAL RI PROVIDERS)

No. & Street: 100 Seymour Ave

City: Utica State: NY Zip Code: 13502

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Signature of DLEA _____ Date Prepared: _____

ADDITIONAL RI PROVIDERS- Kris Tech Wire

TRADES: Industrial Manufacturing Technician, Manufacturing Engineering Technician,
Electro-Mechanical Technician

Additional Provider: Mohawk Valley Community College

Contact: [REDACTED]
1101 Sherman Dr
Utica, NY 13501

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code []

Trade Code 47-567

Kris-Tech Wire, located at (Sponsor)

80 Otis Street, Rome, NY 13441 (Address)

is presently accepting applications for an estimated 1 apprentice training positions in (No. of Openings)

the occupation of Industrial Manufacturing Technician (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 Equivalent

Physical Condition: Be physically able to perform the work required as determined by Must be able to lift 40 pounds.

(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:

Upon offer of employment, a drug test will be required which is paid for by Kris-Tech Wire.

Other:

NYS Department of Labor Apprentice Training

SEP 18 2020

Other:

Central Office

Application Forms May be Obtained From:

Name: []

Address:

Dates: From: [] To: []

Days: Monday-Friday

Times: 8am-5pm

Phone Number: (315) 339 - 5268

Email Address: []

Special Instructions:

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



Selection Standards and Evaluations

Name of Candidate	Trade		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Educational Past Grade <u>12</u> 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	30			Total
		20			
		5			
		5			
Work Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Trade Related Work Experience <input type="checkbox"/> _____ Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of General Work Experience <input type="checkbox"/> _____ Other _____	Total	60			Total
		30			
		30			
Seniority <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	Total	10			Total
		10			
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 type="checkbox"/> _____ Ability to Communicate <input type="checkbox"/> _____ Willingness to Accept Obligation of Apprenticeship <input type="checkbox"/> _____ Ability to Reason and Comprehend <input type="checkbox"/> _____ Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total				Total

Total Allowable Points ➔ 100 Total Score →

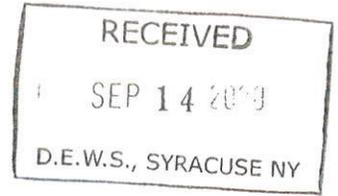
Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name _____

Sponsor Address _____

NYS Department of Labor
 Apprentices Training
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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.

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] Date

Wendy Calabrese Human Resources
Print Name and Title

Approved by: _____ NYS Department of Labor Date

Sponsor Name Kris-Tech Wire Sponsor Code _____ No. of Apprentices 1

Trade(s) Manufacturing Engineering Technician, Ind Trade Code(s) 47-564, 47-570, 47-567

Original with ATP# 47-570