



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: MACNY, The Manufacturers Association
B. Trade(s): 47-567, 90-565C, 51-577, 67-372, 90-562c, 46-518, 31-227, 47-570, Flexo. Press Operator
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: MACNY, The Manufacturers Association
E. Entity completing this form (check one): Individual Employer/Sponsor Union JAC/JATC Association
F. Mailing address: Street: 5788 Widewaters Parkway City/Town: Syracuse State: NY Zip Code: 13214
G. Email: H. Phone: (315) 474-4201 I. Fax:
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? 106
O. Within the past five (5) years, have you done business under a different name? Yes No
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

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.

*Laury Ferguson* 11/23/19  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Laury Ferguson, Assistant Director of Apprenticeship

Sworn to me this: 25<sup>th</sup> day of NOVEMBER 2019 *[Signature]*  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

GEORGE J. SHIOMOS  
 Lic. #01SH6044386  
 Notary Public-State of New York  
 Qualified in Onondaga County  
 My Commission Expires 07/05/2022

Field - Receipt Date Stamp

*[Faint notary stamp]*



WE ARE YOUR DOL



Sponsor Code 52218
Trade Code 90-565C

Apprenticeship Training Program

Related Instruction Availability

Trade: Data Analyst
Sponsor Name: MACNY, The Manufacturers Association
Sponsor Representative: Laury Ferguson
Sponsor Address:
No. & Street: 5788 Widewaters Parkway City: Syracuse
County: Onondaga State: NY Zip Code: 13214
Sponsor Telephone No.: 315-474-4201
Proposed Number of Apprentices:

AT Office

Name: NYS Department of Labor
No. & Street: 450 S. Salina Street, Room 203
City: Syracuse State: NY Zip Code: 13202
Apprentice Training Representative: [Redacted] Date Prepared: 11/20/19

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

School

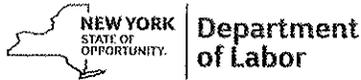
Name: Tooling U
No. & Street: 3615 Superior Avenue East, Building 44, 6th Floor
City: Cleveland State: OH Zip Code: 44114
School Representative Contact Information:
Name: Gretchen Schultz
Telephone No.: 216-706-6646 Email: gretchen.schultz@toolingu.com

School

Name: Onondaga Community College
No. & Street: 4585 West Seneca Turnpike
City: Syracuse State: NY Zip Code: 13215
School Representative Contact Information:
Name: Bob Tanchak
Telephone No.: 315-558-4972 Email: tanchakr@sunyocc.edu

DLEA

Name: John Dittman, Sidney Johnson Vocational Center
No. & Street: 573 East Genesee Street
City: Syracuse State: NY Zip Code: 13202
Signature of DLEA [Redacted] Date Prepared: 12-19-19



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 52218
Trade Code 90-565c

MACNY, The Manufacturers Association, located at
(Sponsor)

5788 Widewaters Pkwy Syracuse, NY 13214
(Address)

is presently accepting applications for an estimated
apprentice training positions in
(No. of Openings)
the occupation of Data Analyst
(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 High School Equivalency (HSE) - GED/TASC

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:

NYC Department of Labor
Apprentice Training
MAR 10 2020
Control Office

Application Forms May be Obtained From:
Name: MACNY, The Manufacturers Association
Address: 5788 Widewaters Pkwy Syracuse, NY 13214
Phone Number: (315) 474 - 4201
Dates: From: To:
Days: Monday - Friday
Times: 9:00 AM - 5:00 PM
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	
<b>Educational Achievement</b> <input checked="" type="checkbox"/> 2.5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2.5 Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	<b>Total</b>	25			<b>Total</b>
		5			
		10			
		10			
<b>Work Experience</b> <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	<b>Total</b>	25			<b>Total</b>
		10			
		10			
		5			
<b>Seniority</b> <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	<b>Total</b>				<b>Total</b>
<b>Job Aptitude</b> <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 _____	<b>Total</b>				<b>Total</b>
<b>Oral Interview: Not to Exceed 40% of Total Score</b> <input checked="" type="checkbox"/> 5 Ability to Communicate <input checked="" type="checkbox"/> 5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>Total</b>	20			<b>Total</b>
		5			
		5			
		5			
		5			

Total Allowable Points → 70 Total Score →  

Rank \_\_\_\_\_

Evaluated by \_\_\_\_\_ Date \_\_\_\_\_  
(Name)

Sponsor Name MACNY, The Manufacturers Association

Sponsor Address 5788 Widewaters Pkwy., Syracuse, NY

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 NEW YORK STATE DEPARTMENT OF LABOR  
 100 N. STATE ST. ALBANY, NY 12243  
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 OFFICE OF THE SECRETARY

**Part III – Current and Projected Staffing and Annual Goals**

Title of Trade **Data Analyst**

**A. Current Staffing in the Above Trade**

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers	<u>35</u>								
Registered Apprentices	<u>0</u>								

**B. Projected Number of Apprentice Indentures /1**

Year	20	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21/22</u>	Totals
New Positions							
Vacancies from Turnover /2							
Total Indentures							

**C. Annual Goals**

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows: /1

Year	20	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21-22</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

/1 Where no apprentice indentures are planned for a particular group or year, enter "0".

/2 Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

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