



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)*
D. Name of entity completing this form: MACNY, The Manufacturers Association
E. Entity completing this form (check one): Association
F. Mailing address: Street: 5788 Widewaters Parkway
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
M. Type of Entity (check one and provide attachments as noted in the instructions): 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? 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

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? No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? No
3. Any grant of immunity for conduct constituting a crime under state or federal law? 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
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity

11/23/19
 Date

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

Sworn to me this: 25th day of November, 2019
[Signature]
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

GEORGE J. SHIOMOS
 Lic. #01SH8044386
 Notary Public-State of New York
 Qualified in Onondaga County
 My Commission Expires 07/03/2022

Field - Receipt Date Stamp



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Trade Registration

State Use Only	
AT Sponsor No.	<u>52218</u>
ATP Code	<u>90-562c</u>
Effective Date of AT Program	

- Name of Sponsor: MACNY, The Manufacturers Association
- Mailing Address: 5788 Widewaters Parkway Syracuse NY 13214 Onondaga
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-474-4201 Ext. 49 Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Software Developer (Competency Based), 90-562c
- No. Employees: 20 No. Apprentices: 0 No. Journeyworkers: 35 8. Ratio: 1:1
- DOT Code: 030.062-010 10. Length of Program: Competency months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ _____ per AT 701 14. Effective Date of Wages: 12/1/19

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 type="checkbox"/>										
H <input type="checkbox"/>										
*Per	AT701									

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

17. Martha Ponge _____ Date _____
Signature of Official Sponsor Representative

18. _____ Date _____
Signature of Union Representative

MARTHA PONGE _____
Print Name and Title

Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date

NYS Department of Labor
Apprentice Training

MAR 16 2020

Central Office

WE ARE YOUR DOL



Sponsor Code 52218
Trade Code 90-562c

Related Instruction Availability

Trade: Software Developer
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

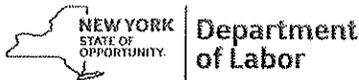
School

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

NYS Department of Labor
Apprenticeship Training
MAR 16 2020
Central Office



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 52218

Trade Code 90-562c

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 Software Developer

(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:

*New York State Department of Labor
Apprentice Training
MAR 16 2020
Central Office*

Application Forms May be Obtained From: _____ Dates: From: _____ To: _____

Name: MACNY, The Manufacturers Association Days: Monday - Friday

Address: _____ Times: 9:00 AM - 5:00 PM

5788 Widewaters Pkwy
Syracuse, NY 13214

Phone Number: (315) 474 - 4201 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"/> 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 _____	Total	25			Total
		5			
		10			
		10			
Work Experience <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 _____	Total	25			Total
		10			
		10			
		5			
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"/> 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 _____	Total	20			Total
		5			
		5			
		5			
		5			

Total Allowable Points **70** → Total Score →

Rank _____

Evaluated by _____ Date _____
 (Name)

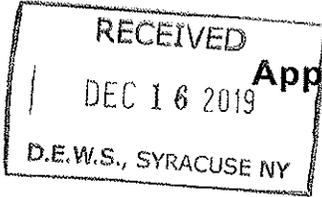
Sponsor Name MACNY, The Manufacturers Association

Sponsor Address 5788 Widewaters Pkwy., Syracuse, NY

New York State Department of Labor
 RECEIVED
 JAN 10 2020
 DIVISION



Sponsor Code 52218
Trade Code(s) See attached



Apprentice Training Program Affirmative Action Plan

New Program
 Amended
 Renewal

To be Administered by: MACNY, The Manufactures Association
Sponsor's Name

Address: _____
5788 Widewaters Parkway
Syracuse NY 13214
Zip Code

Plan is Effective From: 3/1/2017 To: 2/28/2022
Date Date

On behalf of the above named sponsor, I certify that it is our intent to fulfill this Affirmative Action Plan.

Signature of Sponsor: *Martha Ponge* _____ Date
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Print Name: Martha Ponge

Title: Director of Apprenticeship

Do not write below this line.

Approved by: _____ NYS Department of Labor Date

Title: _____

NYS Department of Labor
MAR 16 2020

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 9,781,799 in the following county(counties):

All Counties in New York State	_____	_____
_____	_____	_____
_____	_____	_____

The labor force includes: /1

Minorities

African American	<u>1,357,968</u>	<u>13.88</u>	%
Hispanic	<u>1,574,085</u>	<u>16.09</u>	%
Other Minorities /2	<u>872,695</u>	<u>8.92</u>	%
Total Minorities	<u>3,804,749</u>	<u>38.90</u>	%

Women	<u>4,712,440</u>	<u>48.18</u>	%
--------------	-------------------------	---------------------	---

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: 38.90 %
 Goal for Women: 6.9 %

RECEIVED
 MAR 10 2020
 CHANDLER

/1 Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.
 /2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Software Developer

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>	21-22	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>	21-22	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.

MAR 10 2023

/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).

Part IV – Action Plans and Requirements

A. Outreach and Positive Recruitment Plan

Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

Outreach and Recruitment Activities:

The sponsor communicates apprenticeship openings with area community colleges.

They communicate openings with area Workforce Investment Boards.

They communicate openings with local veterans organizations such as Clear Path and the Institute for Veterans and Military Families.

They provide information to five different staffing agencies.

They provide information to 70 school districts.

Direct Entry Provider(s): (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)

U.S. DEPARTMENT OF LABOR
BUREAU OF APRENTICESHIP
MAR 10 2020
WASHINGTON, DC

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)



2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. /1



3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.



4. Alternative selection methods. /2

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached** and **submitted to the Commissioner of Labor** for review and approval prior to being used.

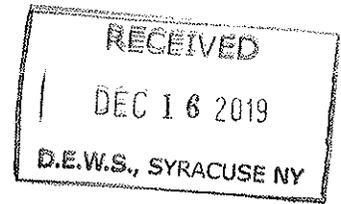
D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

U.S. DEPARTMENT OF LABOR
BUREAU OF APRENTICE TRAINING
WASHINGTON, D.C. 20460
MAR 10 2020
COMM-CTE

/1 Sponsors are advised to keep all applications for a **minimum of one year**.

/2 A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.



Equal Opportunity Pledge

We recognize that all qualified persons shall have equal opportunity in apprenticeship training, and agree to adhere to the following Equal opportunity pledge:

"The recruitment, selection, employment, and training of apprentices during their apprenticeship shall be without discrimination because of race, color, religion, national origin, sex, disability or marital status. 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 3, and Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York Part 600 and American with Disabilities Act of 1990."

Affirmative Action Policy Statement

We promise to provide equal employment opportunity to all people without regard to race, color, sex, religion, age, national origin, disability, marital status or Vietnam era veteran status. As representative of the sponsor, I am personally committed to assuring that we, as the sponsor, will act affirmatively to develop avenues of entry and mobility for minorities, women, individuals who have disabilities, and Vietnam era veterans.

Policy on Sexual Harassment

We recognize that harassment based on sex is disruptive to good business practice because it detracts from the program goal of optimizing the apprentices' skills and talents. Therefore, our policy is that sexual harassment of apprentices is prohibited. This policy not only applies to interactions between our apprentices, but also to their actions toward, and treatment by, external contacts including contractors and journeypersons.

Guidelines established by the Equal Employment Opportunity Commission (EEOC) provides that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- ◆ submission to such conduct is made either explicitly or implicitly a term 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 apprentice has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor. If the apprentice does not prefer to discuss the complaint with his/her supervisor the matter should then be referred to the next level of supervision, the project manager or the JAC business manager. A resolution to the complaint should be reached at that level. The New York State Department of Labor's Division of Equal Opportunity Development must be notified of the complaint. If the complaint cannot be successfully resolved, the apprentice has the right to contact the New York State Division of Human Rights, the Equal Employment Opportunity Commission, and the U.S. Department of Labor's Directorate of Civil Rights.

The Complaint will be investigated and if the complaint is substantiated, prompt action will be taken to stop the harassment and prevent its recurrence.

WR 10 2019

WR 10 2019