NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: [redacted]

ATP Code: 32-130A

SPONSOR	**DISTRICT**
Micro Instrument Corporation	Western_Rochester

NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None)

NONE

TRADE / OCCUPATION	**REQUESTED DATE**
Machinist (CNC)	8/31/15

☑ INDIVIDUAL ☐ GROUP	☐ JOINT ☑ NON - JOINT	☐ JAC ☑ NON - JAC	INDENTURED BY ☑ EMPLOYER ☐ AGENT	☑ STATE ☐ FEDERAL

[redacted]

New York State Department of Labor

Apprentice Training Program Registration Agreement

Received
Apprenticeship Unit
JUL 23 2015
ROCHESTER

State Use Only	
AT sponsor no.	[redacted]
ATP code	32-130A
Effective date of AT program	

Revision ☐ NEW PROGRAM
(nature of change)

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SEP 08 2015
APPRENTICE TRAINING
CENTRAL OFFICE

1. Name of sponsor: Micro Instrument Corporation

2. Mailing address: 1199 Emerson St. (number & street) Rochester (city) NY (state) 14606 (zip code) Monroe (county)

3. Actual address: Same as above (number & street) (city) (state) (zip code) (county)

4. Telephone no.: (585) 458-3150 (telephone #) (ext. #) (585) 254-0922 (fax #)

5. Trade/Occupation: Machinist (CNC)

6. No. employees: 90 No. apprentices: 1 No. journeyworkers: 8 7. Ratio: 1:1;1:1 (non-standard) ☐

8. ISC code: N/A 9. DOT code: 600-280-022 10. Length of program: 48 months

11. Apprentice probationary period: 12 months 12. Work process: Standard ☑ or Revised ☐

13. Minimum journeyworker rate: $14.50 per hour 14. Effective date of wages: 03/04/15

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

1	2	3	4	5	6	7	8	9	10
M☑ 6 H☐	M☑ 6 H☐	M☑ 6 H☐	M☑ 6 H☐	M☑ 6 H☐	M☑ 6 H☐	M☑ 6 H☐	M☑ 6 H☐	M☐ H☐	M☐ H☐
$10.50	$11.00	$11.50	$12.00	$12.50	$13.00	$13.50	$14.00		

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

17. Kyle Jones — Signature of official sponsor representative — 3/14/15 Date

Kyle D. Jones, Assistant Foreman — 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

AT 10 (07-10)

New York State Department of Labor

Sponsor Information Sheet

Received
Apprenticeship Unit
JUL 31 2015
ROCHESTER

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: Micro Instrument Corporation		Trade Name: All trades
Name of Entity Completing Form: Micro Instrument Corporation		FEIN No. [redacted]
Mailing Address: 1199 Emerson Street, Rochester, NY 14606		NYS Employer Registration (ER) No. [redacted]
Fax No.: (585) 254-0922	Phone No.: (585) 458-3150	E-mail Address [redacted]

Type of Entity (Mark primary function): ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Joint Venture ☐ LLC ☐ LLP ☐ Other
☐ JATC ☐ Association ☐ Union ☐ 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?	71
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 ☐ No ☒
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 ☐ No ☒

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

After completing this page, you must sign the second page and have it notarized

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 Apprentice 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	7/29/15 Date	WILLIAM M. GUNTHER – PRESIDENT Print Name and Title

Sworn to me this: 29TH day of JULY, 2015

Signature of Notary Public or Commissioner of Deeds

MARK A. SEELMAN
Notary Public, State of New York
No. 01SE5014384
Qualified in Monroe County
My Commission Expires July 15, 2019

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JUL 31 20
ROCHESTER

NEW YORK STATE DEPARTMENT OF LABOR

RELATED INSTRUCTION AVAILABILITY

Received
Apprenticeship Unit
JUL 31 2015
ROCHESTER

Trade Machinist (CNC)		
Sponsor Name Micro Instrument Corporation		
Sponsor's Representative Kyle Jones		
Sponsor Address *(No. & Street)* 1199 Emerson Street		*(City)* Rochester
(County) Monroe	*(State)* NY	*(Zip Code)* 14606
Sponsor Telephone No. 585-458-3150		
Proposed Number of Apprentices 1		

☐ RELATED INSTRUCTION IS NOTAVAILABLE

☑ RELATED INSTRUCTION ISAVAILABLE AT:

Monroe Community College
Economic & Workforce Development Ctr.
1057 East Henrietta Road
Rochester, NY 14623
(585) 292-3778
rmicali@monroecc.edu

Mr. Ross Micali

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CENTRAL OFFICE

*

AT Office Name and Address:

NYS Department of Labor
Apprenticeship Training
276 Waring Road
Rochester, NY 14609

Name and Address of DLEA:

Paul Burke, Program Administrator
Rochester City School District
30 Hart Street, Room 218
Rochester, NY 14605

Apprentice Training Representative: [redacted]

Date Prepared: 07/20/15

Signature [redacted]

Date Prepared: 7/28/2015

AT 8 (05/08)

ALSO AVAILABLE!
FOR ONLINE COURSES
TOOLINGU
DBA TOOLINGU.COM

ToolingU.com
3615 Superior Ave. E
Bldg. 44, 6th Floor
Cleveland, Ohio 44144
1-866-706-8665
Fax (212) 706-6601

[redacted]

ATP: 32-130

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

Micro Instrument Corporation, located at
(Sponsor)

1199 Emerson Street, Rochester, NY 14606
(Address)

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

the occupation of Machinist (CNC).
(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: HSD or High School Equivalency Diploma such as TASC or GED.

Physical condition: Be physically able to perform the work required as determined by applicant statement. Must be able to perform the following: lift up to 40 lbs., stand for long periods of

(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: time, be exposed to high levels of noise, as well as smells from operating machines and equipment.

Other: Must be legally able to work in the United States.
Any trade related education and strong math skills helpful.

Other: Must have reliable transportation to and from work and school.

Application forms may be obtained from:

Name: Micro Instrument Corporation

Address: 1199 Emerson St., Rochester, NY 14606

Dates: From: _____ to: _____

Days: Monday-Friday

Times: 9AM-5PM

Phone number: ( ) _____ Email address: _____

Special instructions: _____

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

See Instructions on Reverse Side

AT 505 (7-10)

NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

Sponsor Code: [redacted]
ATP Code: 32-130A

NAME OF CANDIDATE	TRADE Machinist (CNC)		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

			MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
EDUCATIONAL ACHIEVEMENT		TOTAL	20			TOTAL
✓	2	POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	8			
✓	2	POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	10			
✓	1	POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED	6			
		OTHER				
WORK EXPERIENCE		TOTAL	20			TOTAL
✓	3	POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE	12			
✓	1	POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE	5			
✓	2	POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE	6			
		OTHER				
SENIORITY		TOTAL	20			TOTAL
✓	4	POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM	20			
		OTHER				
JOB APTITUDE		TOTAL				TOTAL
		SATB (SPECIFIC APTITUDE TEST BATTERY) #				
		POINTS FOR HIGH MEDIUM LOW				
		NAME OF ALTERNATIVE APTITUDE TEST:				
		ADMINISTERED BY				
		OTHER				
ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE		TOTAL	8			TOTAL
✓	2	ABILITY TO COMMUNICATE	2			
✓	2	WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP	2			
✓	2	ABILITY TO REASON AND COMPREHEND	2			
✓	2	INTEREST AND MOTIVATION	2			
		OTHER				
		OTHER				
		TOTAL ALLOWABLE POINTS →	68	TOTAL SCORE →		

RANK _____

EVALUATED BY _____ (Name) DATE _____

SPONSOR NAME Micro Instrument Corporation

SPONSOR ADDRESS 1199 Emerson Street, Rochester, NY 14606

AT 508 (03-08)

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Apprenticeship Unit
JUL 23 2015
ROCHESTER

☐ New Program
☑ Amended
☐ Renewal

Sponsor Code [redacted]
Trade Code (s) 32-130A
32-385
31-229

NEW YORK STATE DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM
AFFIRMATIVE ACTION PLAN

To be Administered by: Micro Instrument Corporation
Sponsor's Name

Address: 1199 Emerson Street

Rochester — *City*
New York — *State*
14606 — *Zip Code*

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CENTRAL OFFICE

Plan is Effective From: 10 / 10 / 2011 *Date* to: 10 / 9 / 2016 *Date*

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

Signature of Sponsor: _____ 7/23/2015 *Date*

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

Print Name: William Gunther

Title: President

DO NOT WRITE BELOW THIS LINE

Approved by: _____ / / *Date*
NYS Department of Labor of Equal Opportunity Development

Title: _____

AT 603 (5-01)

Part III – CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS

Title of Trade Machinist (CNC)

A. CURRENT STAFFING IN THE ABOVE TRADE

	Total	African American No	African American %	Hispanic No	Hispanic %	Other Minority No	Other Minority %	Women No	Women %
Active Journeyworkers	8	[redacted]							
Registered Apprentices	1								

B. PROJECTED NUMBER OF APPRENTICE INDENTURES

YEAR	20 11	2012	2013	2014	2015	TOTALS
New Positions	[redacted]					
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 11	2012	2013	2014	2015	TOTALS
African American	[redacted]					
Hispanics						
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 program. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Program in order to increase the effectiveness of the program.

/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)

Print Form

Please send to your regional DOL office:

New York State Department of Labor 276 Waring Rd, Rochester NY 14609

Apprenticeship Agreement

Sponsor No. [redacted] **ATP Code** 32-130A

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Carmody, Jonathan J [redacted]	1. Name of Program Sponsor: Micro Instrument Corporation
	Physical address of Program Sponsor (no. and street): 1199 Emerson Street
	City: Rochester; County: Monroe; State: New York; Zip code: 14606
	Mailing address of Program Sponsor (no. and street): 1199 Emerson Street
	City: Rochester; County: Monroe; State: New York; Zip code: 14606
	2. Trade: ☑ Time-based ☐ Competency-based ☐ Hybrid — Machinist (CNC)
	3. Start Date: 7-23-15 JP; 4. Length of program (Months): 48; 5. DOL Apprentice Probation Period for Completion Rates (Months): 12 months
6. Related and Supplemental Instruction (RI) Provider(s) and location(s): Monroe Community College, Rochester	RI Compensated: ☐ Yes ☑ No; 7. Minimum Journey-Worker Rate: $14.50/hour

8. Credit for previous training or experience: 24 Months Points Sections
☐ Reinstatement ☐ Vocational Education ☐ Transfer ☒ Previous Experience (Employer name) MICRO INSTRUMENT & U.S. MARINE CORP.

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: ☒ Months ☐ Hours ☐ Points ☐ Sections

1	2	3	4	5	6	7	8	9	10
6	6	6	6	6	6	6	6		
$10.50	$11.00	$11.50	$12.00	$12.50	$13.00	$13.50	$14.00		

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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 — Date 7/23/15

Signature of Official Sponsor Representative — Date 7/23/15

Registered by the New York State Department of Labor:

Signature New York State Department of Labor — Date / /

State Use Only	Date	Init.
To ATC	08/28/15	[redacted]
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		

Must be returned within 30 days of receipt