



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: Oakwood Dairy, LLC
B. Trade(s): Dairy specialist
C. Type of Apprenticeship Training Program (check one): 1. [X] 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: Oakwood Dairy LLC
E. Entity completing this form (check one): [X] 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: 1290 Chamberlain Rd City/Town: Auburn State: NY Zip Code: 13021
G. Email: [redacted] H. Phone: 315-252-0652 I. Fax: 315-252-4353
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? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions): [] Corporation [] Partnership [] Sole-Proprietor [X] LLC [] LLP [] Other
N. How many years has your organization been in business? 27
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] No

NYS Department of Labor

MAR 16 2020

Central Office

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 [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] 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: Kelly O'Hara, MEMBER Date: 2/18/2020

Print name and title: Kelly O'Hara, MEMBER

Sworn to me this: 18th day of February, 2020
 Signature of Notary Public or Commissioner of Deeds: Deborah A. Pinckney

NYS DOL Official Use Only

Field - Receipt Date Stamp

DEBORAH A. PINCKNEY
 ID #01PI6074834
 NOTARY PUBLIC - STATE OF NEW YORK
 QUALIFIED IN CAYUGA COUNTY
 COMMISSION EXPIRES MAY 27, 2022



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program
New Trade

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

- 1. Name of Sponsor: Oakwood Dairy LLC
- 2. Mailing Address: 1290 Chamberlain Rd Auburn NY 13021 Cayuga
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: _____
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 315-252-0652 Ext. _____ Fax No.: 315-252-4353
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Dairy Specialist
- 7. No. Employees: 40 No. Apprentices: 0 No. Journeyworkers: 1 8. Ratio: _____
- 9. DOT Code: _____ 10. Length of Program: 36 months
- 11. Apprentice Probationary Period: 9 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 14.00 per Hour 14. Effective Date of Wages: 3/1/20

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"/>									
\$12.00	\$12.70								

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

17. Garrett Miller 3/9/20 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Garrett Miller Dairy Manager _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

NEW YORK STATE DEPARTMENT OF LABOR
 RECEIVED
 MAR 10 2020
 1
 2020-03-10



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____
Trade Code _____

Oakwood Dairy LLC _____, located at _____
(Sponsor)

1290 Chamberlain Rd Auburn, NY 13021 _____
(Address)

is presently accepting applications for an estimated _____ apprentice training positions in
(No. of Openings)
the occupation of Dairy Specialist _____
(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: 17 _____

Minimum Education: High School Diploma/GED/TASC _____

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

Must be able to lift 50 pounds, climb, crawl, stand/walk fro long periods of time.

(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:

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

Name: Oakwood Dairy LLC _____ Days: Monday to Friday _____

Address: _____ Times: 9:00am - 4:00pm _____
1290 Chamberlain Rd
Auburn, NY 13021

Phone Number: (315) 252 - 0652 _____ Email Address: _____

Special Instructions:

All Applications Must be (please check) Received Postmarked no Later Than: MAR 16 2021 _____

NEW YORK STATE DEPARTMENT OF LABOR
APPROVED
MAR 16 2021



Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate	Trade Dairy Specialist		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> 5 Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 5 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	30 20 10			Total
Work Experience <input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 10 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 5 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	50 20 20 10			Total
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"/> 1 Ability to Communicate <input checked="" type="checkbox"/> 1 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	20 5 5 5 5			Total

Total Allowable Points → 100 Total Score →

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Oakwood Dairy LLC

Sponsor Address 1290 Chamberlain Rd Auburn, NY 13021

NYSDOL
 Apprenticeship
 MAR 16 2020
 11:00 AM



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):

- [X] 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.
[] 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] 1/27/2020
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

[Handwritten Name] Dairy Manager
Print Name and Title

Approved by: _____ NYS Department of Labor Date

Sponsor Name Oakwood Dairy Sponsor Code _____ No. of Apprentices _____

Trade(s) Dairy Specialist Trade Code(s) _____

NYS DEPARTMENT OF LABOR
MAR 10 2020