



**NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL**

Sponsor Code: [REDACTED]

ATP Code: 69-419

SPONSOR Occidental Chemical Corporation		DISTRICT Western_Buffalo
NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None) Niagara Hooker Employees Union		
TRADE / OCCUPATION Plant Maintenance-Millwright		REQUESTED DATE 07/21/2014
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> JOINT	<input type="checkbox"/> JAC
<input type="checkbox"/> GROUP	<input type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC
INDENTURED BY		<input checked="" type="checkbox"/> STATE
<input checked="" type="checkbox"/> EMPLOYER <input type="checkbox"/> AGENT		<input type="checkbox"/> FEDERAL

**NEW PROGRAM (EXPLAIN "YES" ANSWERS
IN COMMENTS BELOW)**

Date A.A. Plan 04 106 115
and Program Copy to DEOD

(For Construction Trades Only)

	Yes	No		Yes	No		Yes	No
New Trade	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waiver of Ratio Requested	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Work Violations	<input type="checkbox"/>	<input type="checkbox"/>
Other A.T. Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work Process Change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal Wage and Hour Violations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DESCRIPTION OF SPONSOR

Occidental Chemical Corporation (OxyChem) is a [REDACTED] North American manufacturer of polyvinyl chloride (PVC) resins, chlorine and caustic soda – key building blocks for a variety of indispensable products such as plastics, pharmaceuticals and water treatment chemicals. Other OxyChem products include caustic potash, chlorinated organics, sodium silicates, chlorinated isocyanurates and calcium chloride.





New York State Department of Labor

Apprentice Training Program Registration Agreement

STATE USE ONLY	
AT Sponsor	[REDACTED]
ATP Code	69-419
Effective date of AT Program	

REVISION New Program
nature of change

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1. Name of Sponsor Occidental Chemical Corporation APPRENTICE TRAINING CENTRAL OFFICE
2. Mailing Address P.O. Box #344
(Number & Street) (City) (State) (Zip Code) (County)
3. Actual Address 4700 Buffalo Ave Niagara Falls N.Y. 14302 Niagara
(Number & Street) (City) (State) (Zip Code) (County)
4. Phone (716) 278-7562 Ext: _____ Fax (716) 278-7293
5. Trade / Occupation Plant Maintenance - Millwright
6. No. Employees 140 No. Apprentices 3 No. Journeyworkers 22 7. Ratio 3-1
(Non-Standard)
8. ISC Code _____ 9. DOT Code 6 3 8 - 2 8 1 - 0 1 8 10. Length of Program 4 8 Months
11. Apprentice Probationary Period 12 Months 12. Work Process: Standard or Revised _____
13. Minimum Journeyworker Rate \$ 29.26 per hour 14. Effective Date of Wages 09/30/13

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15. Apprentice Wage Progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <u>6</u>									
H _____									
\$28.612	\$28.662	\$28.712	\$28.782	\$28.862	\$28.932	\$29.012	\$29.132		

HIRED Prior To 10/1/07
HIRED AFTER 10/1/07

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

17. Michael A. Rizzo 7/3/14 18. Vincent Ferlito 7/3/14
Signature of the Official Sponsor Representative Date Signature of the Union Representative Date

Michael A. Rizzo - Labor Relations Supervisor Vincent Ferlito - President
Print Name and Title of Official Sponsor Representative Print Name, Title and Union Name

19. _____
Signature of New York State Department of Labor Date



New York State Department of Labor

Sponsor Information Sheet

SPONSOR # [REDACTED]

ATP # 56-096

69-374 [REDACTED]

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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: Occidental Chemical Corporation		Trade Name: Millwright	
Name of Entity Completing Form: Occidental Chemical Corporation		FEIN No. [REDACTED]	
Mailing Address: P.O. Box 344, Niagara Falls, NY, 14302		NYS Employer Registration (ER) [REDACTED]	
Fax No.: (716) 278-7392	Phone No.: (716) 278-7589	E-mail Address: [REDACTED]	
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> 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? 108 years Since 1906			
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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 Apprenticeship 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.

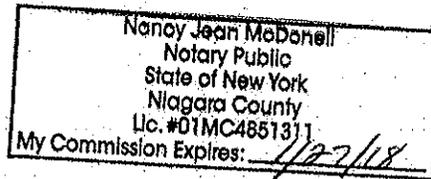
Michael A. Rizzo
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

7/3/14
Date

Michael A. Rizzo
SUPERVISOR OF LABOR RELATIONS
Print Name and Title

Sworn to me this 3rd day of JULY, 2014

Nancy Jean McDonnell
Signature of Notary Public or Commissioner of Deeds



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Sponsor Information Sheet

SPONSOR # [redacted]
ATP # 56-096
69-374 69-419

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Instructions:

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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.

Form with fields: Sponsor Name: Occidental Chemical Corporation, Trade Name: Millwright, Name of Entity Completing Form: Niagara Hooker Employees Union, FEIN No., Mailing Address: 1625 Buffalo Avenue, Suite Lower E, NF, NY 14303, NYS Employer Registration (ER) No., Fax No., Phone No.: (716) 278-7589, E-mail Address, 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? Union 69 years/since 1945 The Company 108 years Since 1906
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 X
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 X

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:

Table with 2 columns: Question and Yes/No response.
A conviction for a crime under state or federal law? Yes No X
An indictment or pending indictment for any conduct constituting a crime under state or federal law? Yes No X
A grant of immunity for any conduct constituting a crime under state or federal law? Yes No X
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 X
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 X
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 X
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Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? Yes No X
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 X
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Vincent Ferraro

Signature of CEO, Chair or Representative granted legal authority to bind the Entity

7/3/14

Date

VINCENT FERRARO

Print Name and Title

Sworn to me this 3RD day of JULY, 2014

Nancy Jean McDonnell

Signature of Notary Public or Commissioner of Deeds

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Nancy Jean McDonnell
Notary Public
State of New York
Niagara County
Lic. #01MC4851311
My Commission Expires: 4/27/18



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade		
Plant Maintenance - Millwright		
Sponsor Name		
Occidental Chemical Corporation		
Sponsor's Representative		
Michael A. Rizzo, Labor Relations Supervisor		
Sponsor Address (No. & Street)		(City)
P.O. Box 344, 4700 Buffalo Ave		Niagara Falls
(County)	(State)	(Zip Code)
Niagara	NY	14302
Sponsor Telephone No.		
(716) 278-7562		
Proposed Number of Apprentices		
1		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School ECC-North Campus
 Orleans Niagara BOCES
 Address Niag. Comm College
 Bflo Public School/Adult

Address

School Representative:

AT Office Name and Address:

NYS Department of Labor
 Buffalo Apprenticeship Office
 290 Main St - Mezz Level
 Buffalo, NY 14202

Name and Address of DLEA:

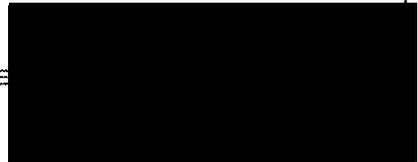
Marlene Mical
 Niagara Orleans BOCES
 4124 Saunders Settlement Rd
 Sanborn, NY 14132

Apprentice Training Representative:



Date Prepared:

Signature of DLEA



Date Prepared:



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

ATP: 69-419

Occidental Chemical Corporation _____, located at
(Sponsor)
P.O. Box #344 - 4700 Buffalo Ave , Niagara Falls, New York 14302

(Address)

is presently accepting applications for an estimated _____ apprentice training positions in
(No. of openings)
the occupation of _____ Plant Maintenance- Millwright
(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 TASC (Equivalent)

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: Per Collective Bargaining Agreement - All apprentice candidates must be current employees
Employees are awarded apprentice slots strictly by seniority

Other: _____

Other: _____

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Application forms may be obtained from: _____ Dates: From: _____ to: _____

Name: _____ Days: _____

Address: _____ Times: _____

Phone number: () _____ Email address: _____

Special instructions: _____

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

See Instructions on Reverse Side



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATION

Sponsor Code: [REDACTED]

ATP Code: 69-419

69-419

NAME OF CANDIDATE	TRADE Plant Maintenance- Millwright		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- _____ POINTS FOR EACH YEAR OF EDUCATION PAST GRADE _____ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- _____ POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- _____ POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- _____ OTHER _____

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

WORK EXPERIENCE

- _____ POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- _____ POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- _____ POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- _____ OTHER _____

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

SENIORITY

- 1 POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM
- _____ OTHER _____

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
45		
45		

TOTAL

JOB APTITUDE

- SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH _____ MEDIUM _____ LOW _____
- NAME OF ALTERNATIVE APTITUDE TEST: _____
- ADMINISTERED BY: _____
- OTHER _____

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- _____ ABILITY TO COMMUNICATE
- _____ WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- _____ ABILITY TO REASON AND COMPREHEND
- _____ INTEREST AND MOTIVATION
- _____ OTHER _____
- _____ OTHER _____

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

TOTAL ALLOWABLE POINTS



45

TOTAL SCORE



RANK _____

EVALUATED BY _____ DATE _____

(Name)

SPONSOR NAME _____

SPONSOR ADDRESS _____

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- New Program
- Amended
- Renewal

Sponsor Code
Trade Code (s)

[REDACTED]
69-419
69-374; 56-096

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

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APPRENTICE TRAINING
CENTRAL OFFICE

To be Administered by: Occidental Chemical Corporation
Sponsor's Name

Address: P.O. Box #344

4700 Buffalo Ave

Niagara Falls
City

New York
State

14302
Zip Code

Plan is Effective From: 07 / 01 / 2014 to: 06 / 30 / 2019

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

Signature of Sponsor: Michael A. Rizzo
*The above signature must be employer's Chief Executive Officer or the
Chair of the Joint apprenticeship Committee or their authorized representative.*

3 / 25 / 15
Date

Print Name: Michael A. Rizzo

Title: Labor Relations Supervisor



PART I – EQUAL OPPORTUNITY STANDARDS

A. Provide a brief description of the nature and extent of the Sponsor's business, geographic area or jurisdiction where the business is performed, and the country or counties where the sponsor will recruit.

Occidental Chemical Corporation (OxyChem) is a [REDACTED] North American manufacturer of polyvinyl chloride (PVC) resins, chlorine and caustic soda – key building blocks for a variety of indispensable products such as plastics, pharmaceuticals and water treatment chemicals. Other OxyChem products include caustic potash, chlorinated organics, sodium silicates, chlorinated isocyanurates and calcium chloride. [REDACTED]

Company recruits from local work force of Erie and Niagara Counties.

B. Equal Opportunity Pledge

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following EQUAL OPPORTUNITY PLEDGE:

"The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, color, religion, national origin, age, 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 30, and Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600."

C. Affirmative Action Policy Statement /1

Attach a statement of the sponsor's affirmative action policy. This statement must be official policy available for the public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

SEE ATTACHMENT

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If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

APPRENTICE TRAINING
CENTRAL OFFICE

D. Sexual Harassment Policy Statement /1

Attach a statement of the sponsor's sexual harassment policy. This statement must be official policy available for the public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and / or Sexual Harassment Policy Statement should contact the New York State Department of Labor's Division of Equal Opportunity Development.

SEE ATTACHMENT

PART II – LABOR FORCE ANALYSIS / UTILIZATION STUDY

A. The total labor force is 575,640 in the following county (counties) of:

<u>Erie</u>	<u>Niagara</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

The labor force includes: /1

African America	<u>57,010</u>	<u>9.9</u>	%
Hispanic	<u>16,480</u>	<u>2.86</u>	%
Other Minorities	<u>18,712</u>	<u>3.25</u>	%

Total Minorities	<u>92,202</u>	<u>16.02</u>	%
Women	<u>281,645</u>	<u>48.93</u>	%

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SCALE 100000

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.

Women Participation Goals: 6.9 %

Minority Participation Goals: 16.02 %

/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 #488, Albany, NY, 12240 Telephone: (518) 457-3800

ALL DATA TAKEN FROM US CENSUS

/2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians

Part III – CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS

Title of Trade Plant Maintenance- Millwright

A. CURRENT STAFFING IN THE ABOVE TRADE

	Total	African American		Hispanic		Other Minority		Women	
		No	%	No	%	No	%	No	%
Active Journeyworkers	<u>21</u>								
Registered Apprentices	<u>6</u>								

B. PROJECTED NUMBER OF APPRENTICE INDENTURES

YEAR								
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								
African American								
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)

PART IV – ACTION PLANS AND REQUIREMENTS

A. Outreach and Positive Recruitment Plan

Detail all 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 the program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5© for examples of outreach and positive recruitment.

Sponsor will recruit within company structure according to CBA .

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APPRENTICE TRAINING
CENTRAL OFFICE

PART IV – ACTION PLANS AND REQUIREMENTS (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One)

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprentice Training (Part 600).

An area-wide public recruitment will publicize the following information:

- a. Estimating number of apprentice job openings to be filled.
- b. Eligibility requirements.
- c. Where and when applications may be obtained.
- d. When applications are to be submitted.

- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Department of Labor Community Service Division offices for a minimum of five full working days before any selections are made.

- 3. Limiting recruitment to present employees of the sponsor and / or present members of the union sponsoring the apprenticeship program. Employees must have been hired and / or union members have been admitted without discrimination based on race, color, religion, national origin, age, sex, disability or marital status. Sponsors are encouraged to list all resulting vacancies with NYS Department of Labor Community Services Division offices.

- 4. Recruiting apprentices by methods other than those in A. 1, 2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used. /1

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One)

- 1. Selection on basis of rank from a candidate list (only) available for 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; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and / or seniority of union membership may be one of the selection standards.
- b. The list of candidates will remain valid for a minimum of two years, or until the list is exhausted.
- c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his / her qualifications, each eligible applicant will be notified in writing of the qualifications on which he / she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and / or interview.

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/1 A sponsor using this method of recruitment should contact NYSDOL Division of Equal Opportunity Development for technical assistance.

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 subjected 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 apprentice 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 to 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. This 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 B 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 utilized will be those listed on AT 505, Notice of Apprentice Training Opportunity, and / or Form AT 508, Selection Standards and Evaluation, attached.

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1 Sponsors are advised to keep all applications for a minimum of one year.
2 A sponsor using this method of selection should seek NYSDOL Division of Equal Opportunity Development for technical assistance.

PART IV – ACTION PLANS AND REQUIREMENTS (continued)

E. Notification and Appointment of candidates for Apprenticeship

It is agreed that whether selection is made from a certified list established by rank, random selection, list of Current employees or union members, or alternative methods, the following notification procedure will prevail:

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure, Part 600.12
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reason for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure, Part 600.12
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail, return receipt requested.
4. After the commencement of the term of an apprenticeship program the program sponsors may appoint Available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of Such appointment will be in writing and shall be certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

PART V – DISCRIMINATION COMPLAINT PROCEDURE

It is agreed that complaints will be filed in accordance with Part 600.12, Complaint Procedures, as defined under Equal Employment Opportunity in Apprentice Training Regulations.

PART VI – DISTRIBUTION

Send original of this plan to your Apprenticeship Training Representative:

New York State Department of Labor
 Albany Central Office
 State Campus Bldg #12
 Apprenticeship – Room #459
 Albany ,New York, 12240

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After approval of the plan, a copy will be forwarded to the Department Central Apprenticeship training Office and the original to the District Office to be returned to the Program Sponsor.

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. [redacted] ATP Code 69-419

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include Name of Apprentice (Leising, Mark, J.), Name of Program Sponsor (Occidental Chemical Corporation), Physical address (4700 Buffalo Ave.), City (Niagara Falls), County (Niagara), State (New York), Zip code (14302), Trade (Plant Maintenance Millwright), Start Date, Length of program (48 months), DOL Apprentice Probation Period (12 months), Related and Supplemental Instruction (RI) Provider(s) (Niagara County BOCES), RI Compensated (No), Minimum Journey-Worker Rate (\$26,218), and Credit for previous training or experience.

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

Table with 10 columns representing periods 1 through 10. Each column has a duration (6 months) and a wage amount ranging from \$25.568 to \$26.218.

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

Signatures and dates: Mark Leising (Apprentice/Parent/Guardian), 3/15/12; Michael A. [redacted] (Official Sponsor Representative), 3/12/14.

Registered by the New York State Department of Labor:

State Use Only box for registration tracking. Fields: 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 box for completion/termination tracking. Fields: 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 box for RI completion tracking. Fields: Date, Init., To ATC, To DLEA, Data Entry.

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. [redacted] ATP Code 69-419

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include Name of Apprentice (Kevin M. Gonzales), Name of Program Sponsor (Occidental Chemical Corporation), Physical address (4700 Buffalo Ave), Trade (Plant Maintenance Millwright), Start Date, Length of program (48 months), DOL Apprentice Probation Period (12 months), and Minimum Journey-Worker Rate (\$26.218).

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.

Table with 10 columns representing 6-month periods and 10 rows representing wage rates. Values range from \$25.568 to \$26.218.

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

Signatures and dates of Kevin M. Gonzales (Apprentice/Guardian) and Michael A. Regie (Official Sponsor Representative) dated 3/5/14.

Registered by the New York State Department of Labor:

State Use Only box for registration with fields for Date and Init. for To ATC, To DLEA, Rank Verify, and 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 [] Quit [] Layoff [] Program Termination [] Transfer

Completion or Termination Date: _____
Comments: _____

State Use Only box for completion/termination with fields for Date and Init. for To ATC, To DLEA, and 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 box for RI completion with fields for Date and Init. for To ATC, To DLEA, and Data Entry.

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. [redacted] ATP Code 69-419

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include Name of Apprentice (Siegmann, Carolyn), Name of Program Sponsor (Occidental Chemical Corporation), Physical address (4700 Buffalo Ave), City (Niagara Falls), County (Niagara), State (New York), Zip code (14302), Trade (Time-based), Start Date, Length of program (48 months), DOL Apprentice Probation Period (12 months), Minimum Journey-Worker Rate (\$29,262), and Related and Supplemental Instruction (RI) Provider (Niagara County BOCES).

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

Table with 10 columns representing periods 1-10. Row 1 shows durations (6 months). Row 2 shows wages: \$28.612, \$28.662, \$28.782, \$28.712, \$28.862, \$28.932, \$29.012, \$29.132, \$29.262.

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

Signatures and dates: Carolyn Siegmann (Apprentice/Parent/Guardian) dated 3/5/14; Michael A. Regis (Official Sponsor Representative) dated 3/15/14.

State Use Only box with fields for Date and Init. for To ATC, To DLEA, Rank Verify, and 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 box with fields for Date and Init. for To ATC, To DLEA, and 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 box with fields for Date and Init. for To ATC, To DLEA, and Data Entry.

Must be returned within 30 days of receipt