NEW YORK STATE OF OPPORTUNITY. | Department of Labor

NYSDOL Use Only: Sponsor No._____
☐ New Program ☐ Reactivation ☐ Revision ☐ Recertification

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: 1199SEIU League Training and Upgrading Fund

B. Trade(s): [redacted]

C. Type of Apprenticeship Training Program (check one):
1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*

***For sponsors of group programs only** (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: Northwell Health, Inc.

E. Entity completing this form (check one):
☐ 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: 2000 Marcus Avenue
City/Town: New Hyde Park State: NY Zip Code: 11042

G. Email: [redacted] H. Phone: (516) 734-7133 I. Fax: [redacted]

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? ☑ Yes ☐ No

M. Type of Entity (check one and provide attachments as noted in the instructions):
☑ Corporation ☐ Partnership ☐ Sole-Proprietor ☐ LLC ☐ LLP ☐ Other

N. How many years has your organization been in business? 20

O. Within the past five (5) years, have you done business under a different name? ☑ Yes ☐ No
If 'Yes', provide attachments as noted in the instructions.

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? ☐ Yes ☑ No
If 'Yes', provide attachments as noted in the instructions.

NYS Department of Labor
Apprentice Training
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Section II

Complete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

1. Any conviction for a crime under state or federal law? ☐ Yes ☑ No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? ☐ Yes ☑ No
3. Any grant of immunity for conduct constituting a crime under state or federal law? ☐ Yes ☑ No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... ☐ Yes ☑ No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... ☐ Yes ☑ No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... ☑ Yes ☐ No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... ☐ Yes ☑ No
   b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? ☑ Yes ☐ No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... ☑ Yes ☐ No
   b. If 'Yes', was the violation determined to be willful?..... ☐ Yes ☑ No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... ☑ Yes ☐ No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above?**..... ☑ Yes ☐ No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to $1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Michael J Dowling — 12/21/17

Signature of CEO, Chair, or representative granted legal authority to bind the Entity — Date

Print name and title: MICHAEL J DOWLING, CHIEF EXECUTIVE OFFICER

Sworn to me this 21st day of December — Jeanne M. Gabriel

Signature of Notary Public or Commissioner of Deeds

JEANNE M. GABRIEL
Notary Public, State of New York
No. 01GA5066738
Qualified in Queens County
Commission Expires September 30, 2018

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☑ New Program ☐ Reactivation ☐ Revision ☐ Recertification

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: 1199SEIU League Training and Upgrading Fund

B. Trade(s): [redacted]

C. Type of Apprenticeship Training Program (check one):
1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*

***For sponsors of group programs only** (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: Bronx-Lebanon Hospital Center

E. Entity completing this form (check one):
☐ 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: 1276 Fulton Avenue
City/Town: Bronx State: NY Zip Code: 10456

G. Email: [redacted] H. Phone: (718) 901-8055 I. Fax: [redacted]

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? ☒ Yes ☐ No

M. Type of Entity (check one and provide attachments as noted in the instructions):
☒ Corporation ☐ Partnership ☐ Sole-Proprietor ☐ LLC ☐ LLP ☐ Other

N. How many years has your organization been in business? 55

O. Within the past five (5) years, have you done business under a different name? ☐ Yes ☒ No
If 'Yes', provide attachments as noted in the instructions.

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? ☐ Yes ☒ No
If 'Yes', provide attachments as noted in the instructions.

NYS Department of Labor
Apprenticeship Training
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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 ☒ No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? ☐ Yes ☒ No
3. Any grant of immunity for conduct constituting a crime under state or federal law? ☐ Yes ☒ No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... ☐ Yes ☒ No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... ☐ Yes ☒ No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... ☐ Yes ☒ No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... ☒ Yes ☐ No
   b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? ☐ Yes ☒ No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... ☐ Yes ☒ No
   b. If 'Yes', was the violation determined to be willful?..... ☐ Yes ☐ No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... ☒ Yes ☐ No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... ☐ Yes ☒ No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to $1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Victor Demarco 1/2/18

Signature of CEO, Chair, or representative granted legal authority to bind the Entity — Date

Print name and title: Victor Demarco CFO / Sr. Vice President

Sworn to me this: 18th day of January, 2018. Jasen Nhambiu

Signature of Notary Public or Commissioner of Deeds

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JASEN J. NHAMBIU
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01NH5072268
QUALIFIED IN BRONX COUNTY
COMMISSION EXPIRES JANUARY 1, 2021

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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: 1199SEIU League Training and Upgrading Fund

B. Trade(s): [redacted]

C. Type of Apprenticeship Training Program (check one):
1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*

***For sponsors of group programs only** (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: 1199SEIU United Healthcare Workers East

E. Entity completing this form (check one):
☐ 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: 310 West 43rd Street
City/Town: New York State: NY Zip Code: 10036

G. Email: [redacted] H. Phone: (212) 261-2431 I. Fax: [redacted]

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? ☑ Yes ☐ No

M. Type of Entity (check one and provide attachments as noted in the instructions):
☐ Corporation ☐ Partnership ☐ Sole-Proprietor ☐ LLC ☐ LLP ☑ Other

N. How many years has your organization been in business? 85

O. Within the past five (5) years, have you done business under a different name? ☐ Yes ☑ No
If 'Yes', provide attachments as noted in the instructions.

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? ☐ Yes ☑ No
If 'Yes', provide attachments as noted in the instructions.

Section II

Complete **all** questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

1. Any conviction for a crime under state or federal law? ☐ Yes ☑ No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? ☐ Yes ☑ No
3. Any grant of immunity for conduct constituting a crime under state or federal law? ☐ Yes ☑ No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

NYS Department of Labor
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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.

Maria Castaneda — 11/28/17

Signature of CEO, Chair, or representative granted legal authority to bind the Entity — Date

Print name and title: Maria Castaneda, Secretary Treasurer

Sworn to me this: 28 day of November 2017 — Annel S. Claros-Rios

Signature of Notary Public or Commissioner of Deeds

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ANNEL S. CLAROS-RIOS
Notary Public, State of New York
Registration #01CL6185797
Qualified In Queens County
Commission Expires 1/24/20

NYS Department of Labor
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NYSDOL Use Only: Sponsor No._____
☐ New Program ☐ Reactivation ☐ Revision ☐ Recertification

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: 1199SEIU League Training and Upgrading Fund

B. Trade(s): [redacted]

C. Type of Apprenticeship Training Program (check one):
1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*

***For sponsors of group programs only** (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: Healthcare Industry Grant Corporation on behalf of1199SEIU League TUF

E. Entity completing this form (check one):
☐ 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: 330 West 42nd Street
City/Town: New York State: NY Zip Code: 10036

G. Email: [redacted] H. Phone: (212) 494-0598 I. Fax: [redacted]

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? ☐ Yes ☑ No

M. Type of Entity (check one and provide attachments as noted in the instructions):
☐ Corporation ☐ Partnership ☐ Sole-Proprietor ☐ LLC ☐ LLP ☑ Other

N. How many years has your organization been in business? 16

O. Within the past five (5) years, have you done business under a different name? ☐ Yes ☑ No
If 'Yes', provide attachments as noted in the instructions.

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? ☐ Yes ☑ No
If 'Yes', provide attachments as noted in the instructions.

Section II

Complete **all** questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

1. Any conviction for a crime under state or federal law? ☐ Yes ☑ No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? ☐ Yes ☑ No
3. Any grant of immunity for conduct constituting a crime under state or federal law? ☐ Yes ☑ No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

NYS Department of Labor
Apprenticeship Training
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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.

Sandra Vito — 11/17/2017

Signature of CEO, Chair, or representative granted legal authority to bind the Entity — Date

Print name and title: Sandra Vito, Executive Director

Sworn to me this: 17 day of November 2017 — Anel S. Claros-Rios

Signature of Notary Public or Commissioner of Deeds

ANNEL S. CLAROS-RIOS
Notary Public, State of New York
Registration #01CL6185797
Qualified In Queens County
Commission Expires 4/21/20

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Apprentice Training
MAR 12 2018
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New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision ☐

Nature of Change: _____

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

1. Name of Sponsor: 1199SEIU League Training and Upgrading Fund
2. Mailing Address: 330 West 42nd Street (number & street) New York (city) NY (state) 10036 (zip code) New York (county)
3. Actual Address: 330 West 42nd Street (number & street) New York (city) NY (state) 10036 (zip code) New York (county)
4. Telephone No.: 212-494-0598 Ext. 1598 Fax No.: [redacted]
5. E-mail Address: [redacted]
6. Trade/Occupation: Medical Laboratory Technologist
7. No. Employees: _____ No. Apprentices: _____ No. Journeyworkers: _____ 8. Ratio: _____
9. DOT Code: _____ 10. Length of Program: 12 months
11. Apprentice Probationary Period: _____ 12. Work process: Standard ☒ or Revised ☐
13. Minimum Journeyworker Rate: $_____ per _____ 14. Effective Date of Wages: _____
15. Apprentice wage progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M☐	M☐	M☐	M☐	M☐	M☐	M☐	M☐	M☐	M☐
H☐	H☐	H☐	H☐	H☐	H☐	H☐	H☐	H☐	H☐

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

17. [signature] _____ Date
Signature of Official Sponsor Representative
Florence Wong, Director 1199SEIU Training & Upgrading Fund & GNY Ed Fund
Print Name and Title

18. Maria Castañeda 6-22-18
Signature of Union Representative Date
Maria Castañeda, Secretary Treasurer 1199SEIU United Healthcare Workers East
Print Name, Title, and Union Name

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

AT 10 (4-16)

NEW YORK STATE OF OPPORTUNITY. Department of Labor

New York State Department of Labor

Sponsor Code _____
Trade Code [redacted]

Related Instruction Availability

Trade: [redacted]

Sponsor Name: 1199SEIU League Training and Upgrading Fund

Sponsor Representative: Florence Wong (Assistant Director of the Training and Upgrading Fund)

Sponsor Address:

No. & Street: 330 West 42nd Street City: New York

County: New York State: NY Zip Code: 10036

Sponsor Telephone No.: 212-894-4338

Proposed Number of Apprentices: 17

AT Office
Name: DEWS - Apprenticeship Training Brooklyn Office
No. & Street: 9 Bond Street, Room 4570
City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative [redacted] Date Prepared: 3/6/2018

○ Related instruction is **not** available.

◉ Related instruction **is** available at:

School
Name: LaGuardia Community College, Division of Adult and Continuing Education
No. & Street: 31-10 Thompson Avenue
City: Long Island City State: NY Zip Code: 11101
School Representative: Hannah Weinstock (Executive Director of Workforce Development)

School
Name: Bronx Community College, Division of Workforce and Economic Development
No. & Street: Philosophy Hall, Room 14 - 2155 University Avenue
City: Bronx State: NY Zip Code: 10453
School Representative: Kenneth Adams, Dean for Workforce and Economic Development

DLEA
[redacted]

AT 8 (6-16)

MAR 15 2018

Central Office

New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

NYS Department of Labor
Apprenticeship Training Office
MAR - 7 2018
NYC

Sponsor Code _____

Trade Code [redacted]

1199SEIU League Training and Upgrading Fund, located at
(Sponsor)

330 West 42nd Street, 2nd Floor - New York, NY 10036
(Address)

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

the occupation of [redacted]
(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 GED or 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:

Must pass a post-offer drug test at the expense of the employer/sponsor.

Other:

Must be willing to be finger printed after employment offer at the expense of the employer/sponsor.

Other:

Must pass a criminal background check after employment offer at the expense of the employer/sponsor.

Application Forms May be Obtained From:

Name: Bea Joseph - Director of Recruitment

Address:
Bronx Lebanon Hospital Center
1276 Fulton Avenue, 6th Floor
Bronx, NY 10456

Phone Number: (718) 590 - 1800

Dates: From: _____ To: _____

Days: _____

Times: _____

Email Address: [redacted]

Special Instructions:

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All Applications Must be (please check) ☐ Received ☐ Postmarked no Later Than: _____

AT 505 (04/16)

See Instructions on Reverse Side

NEW YORK STATE OF OPPORTUNITY. Department of Labor

New York State Department of Labor

Sponsor Code
Trade Code(s) [redacted]

MAR - 7 2018

Apprentice Training Program Affirmative Action Plan

- [x] New Program
- [ ] Amended
- [ ] Renewal

To be Administered by: 1199SEIU League Training and Upgrading Fund
Sponsor's Name

Address: 330 West 42nd Street, 2nd floor

New York, NY 10036
Zip Code

Plan is Effective From: _____ Date To: _____ Date

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

Signature of Sponsor: _____ 3/6/18 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: Florence Wong

Title: Director of 1199SEIU League Training and Upgrading Fund

Do not write below this line.

[redacted]

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Part I – Equal Opportunity Standards

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

Founded in 1969, the 1199SEIU League Training and Upgrading Fund (TUF) is a 501(c)(3) organization that provides a full array of education benefits to health care workers. TUF supports healthcare workers in their efforts to advance in their chosen career pathway(s) within the healthcare industry. TUF offers workers career counseling services, occupational certificate trainings, pre-college trainings and services including high school equivalency program, college preparatory classes, and Learning Center tutorial services. Moreover, TUF offers tuition assistance programs (vouchers and reimbursement) for workers pursuing degrees at the undergraduate (associate's or bachelor's), graduate (master's and doctorate) and professional degrees. Indeed, many of our previous [redacted] have enrolled in four-year bachelor's programs with the financial and services support of TUF.

TUF is one of several legal entities that comprise the 1199SEIU Training and Employment Funds, whose activities include all of New York State, Massachusetts, New Jersey, Florida, Maryland, and DC. Though the recruitment efforts in this case will be confined to New York State with a special emphasis on the five boroughs of New York City.

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 their apprenticeship, shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. 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; and the Americans with Disabilities Act of 1990.

C. **Affirmative Action Policy Statement /1**

Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for 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.

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.

D. **Sexual Harassment Policy Statement /1**

Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for 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.

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

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 6,051,070 in the following county(counties):

Kings	Richmond	Suffolk
New York	Queens	Westchester
Bronx	Nassau	

The labor force includes: /1

Minorities

African American	1,119,945	18.5	%
Hispanic	1,398,810	23.1	%
Other Minorities /2	742,244	12.2	%
Total Minorities	3,260,999	53.8	%
Women	2,911,280	48.1	%

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: 53.8 %

Goal for Women: 6.9 %

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/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 [redacted]

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	[redacted]								
Registered Apprentices									

B. Projected Number of Apprentice Indentures /1

Year 20	18	19	___	___	___	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	18	19	___	___	___	Totals
African American	[redacted]					
Hispanic						
Other Minority						
Women						
Total Indentures						

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

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

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

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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:

As sponsor, the 1199SEIU Training and Upgrading Fund (TUF) will utilize 1199SEIU United Healthcare Workers East (UHWE) delegate networks and Bronx-Lebanon Hospital Center's links to the community to recruit and encourage underrepresented populations to apply for the [redacted] apprenticeship. Bronx-Lebanon Hospital Center is located in the South Bronx, which is one of the most diverse communities in the five boroughs. Immigrants from South and Central America, the Caribbean and West Africa populate the areas surrounding the hospital, and make up both the main source of patients and healthcare workers, including doctors.

Moreover, our employer partners will post apprenticeship openings internally to the hospital's incumbent workforce as well as externally in job postings that clearly indicate the apprenticeship's demands in terms of OJT and RI and minimum qualifications.

Because of the unique nature of the occupational competencies of [redacted] and the fact that they tend to reside within the communities they serve – in this case, the South Bronx – the applicant pool that tends to populate [redacted] positions are minorities and people of color. Indeed, [redacted] apprentices who were trained as part of TUF's two cohorts of Federally registered [redacted] at Bronx-Lebanon Hospital Center identified as either African-American or Latino, while [redacted] were women.

Finally, our employer partner Bronx-Lebanon Hospital Center is an equal opportunity (EEO)/affirmative action (AA) employer. As per the EEO pledge, the recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record, which means they attempt to ensure that all applicants have a fair opportunity in the hiring process, in competing for promotions, and equal access.

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

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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 Apprenticeship Training (Part 600).

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

a. Estimated 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.

e. Affirmative Action policy of the sponsor.

☐ 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) 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, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (www.newyork.us.jobs/).

■ 4. Recruiting apprentices by methods other than those in B 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 period 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.

/1 A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

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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.

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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 contact their Apprentice Training Representative 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 reasons 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 sent by 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 Apprenticeship Training Regulations.

Part VI – Distribution

Send the original Affirmative Action Plan to your Apprentice Training Representative.

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