

ATP: 32-427



New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor <b>Southco, Inc.</b>		District Western-Roch.
Name, local no. and address of union (If none, write none) <b>None</b>		
Trade / Occupation <b>Screw Machine Set-Up and Operator</b>		Requested date <b>11/12/2015</b>
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> JAC
<input type="checkbox"/> Group	<input checked="" 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)



New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision  NEW PROGRAM APPLICATION (nature of change)

State Use Only	
AT sponsor no.	[REDACTED]
ATP code	32-427
Effective date of AT program	

- Name of sponsor: Southco, Inc.
- Mailing address: 250 East Street Honeoye Falls NY 14472 Monroe  
(number & street) (city) (state) (zip code) (county)
- Actual address: Same as above  
(number & street) (city) (state) (zip code) (county)
- Telephone no.: 585-624-2545 585-624-8587  
(telephone #) (ext. #) (fax #)
- Trade/Occupation: Screw Machine Set-up and Operator
- No. employees: 270 No. apprentices: 1 No. journeyworkers: 11 7. Ratio: 1:1:1  
(non-standards)
- ISC code: N/A 9. DOT code: 604.280.014 10. Length of program: 48 months
- Apprentice probationary period: 12 Months 12. Work process: Standard  or Revised
- Minimum journeyworker rate: \$ 21.72 per hour 14. Effective date of wages: 10/14/2015
- Apprentice wage progression for each period - in months (M) or hours (H)

RECEIVED  
NOV 6 2015  
APPRENTICE TRAINING  
CENTRAL OFFICE

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/> H <input type="checkbox"/> 12	M <input type="checkbox"/> H <input type="checkbox"/>								
12.50	12.88	13.27	13.67						

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

17. [Signature] 10/14/15  
Signature of official sponsor representative Date  
SCOTT A. Hammond, HRD Manager  
Print name and title

18. \_\_\_\_\_ 1/1  
Signature of union representative Date  
\_\_\_\_\_  
Print name, title, and union name

19. \_\_\_\_\_  
Signature New York State Department of Labor

1/1  
Date



New York State Department of Labor

SP: [REDACTED]
ATP: 31-227

Sponsor Information Sheet

RECEIVED
NOV 16 2015
APPRENTICESHIP TRAINING
CENTRAL OFFICE

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.

Form with fields: Sponsor Name: Southco, Inc.; Trade Name: Tool and Die Maker; Name of Entity Completing Form: Scott A. Hammond; FEIN No.; Mailing Address: 250 East Street, Honeoye Falls, NY 14472 (Monroe Co.); NYS Employer Registration (ER) No.; Fax No.: (585) 624-8587; Phone No.: (585) 624-8646; E-mail Address; Type of Entity (marked as Corporation); How many years has your organization been in business? 115; Have you done business under a different name?; Is the Sponsor a Group Joint or Group Non-Joint Program?;

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. Questions include: A conviction for a crime under state or federal law?; An indictment or pending indictment for any conduct constituting a crime under state or federal law?; A grant of immunity for any conduct constituting a crime under state or federal law?; 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?; 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?; 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?; 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?; Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?; If yes, was the violation determined to be willful?; Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?; 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?;

**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.

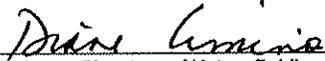
The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or signatory or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes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

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

9/29/15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Print Name: MICHAEL McP...  
Title: VP HUMAN RESOURCES

Sworn to me this: 29<sup>th</sup> day of SEPTEMBER, 2015

  
\_\_\_\_\_  
Signature of Notary Public or Commissioner of Deeds

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Diane Cimino, Notary Public  
Concord Twp., Delaware County  
My Commission Expires July 8, 2017  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Received  
Apprenticeship Unit

OCT 19 2015

ROCHESTER

Trade		
Screw Machine Set-Up and Operator		
Sponsor Name		
Southco, Inc.		
Sponsor's Representative		
Scott Hammond		
Sponsor Address (No. & Street)		(City)
250 East Street		Honeoye Falls
(County)	(State)	(Zip Code)
Monroe	NY	14472
Sponsor Telephone No.		
585-624-2545		
Proposed Number of Apprentices		
1		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School Monroe Community College  
Applied Technology Center  
Address 2845 West Henrietta Rd  
Rochester, NY 14623

Address

School Representative:

Ross Micallef

RECEIVED

NOV 16 2015

APPRENTICESHIP TRAINING OFFICE

Name and Address of DLEA:

Paul Burke  
Office of Adult & Continuing Ed  
Rochester City School District  
30 Hart Street  
Rochester, NY 14605

AT Office Name and Address:

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

Apprentice Training Representative:

Date Prepared:

09/29/15

Signature

Date Prepared:

10/15/2015



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

ATP: 32-427

\_\_\_\_\_  
*(Sponsor)*

250 East Street, Honeoye Falls, NY 14472  
*(Address)*

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

the occupation of Screw Machine Set Up and Operator (Multiple Spindle)  
*(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 Equivalent; Proof provided at time of indenture.

Physical condition: Be physically able to perform the work required as determined by \_\_\_\_\_

**Applicant Statements**

(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 have reliable transportation to work and school.

Other: Mechanical abilities as evidence by hobbies, education or work experience.

Other: Knowledge of metrics and shop math.

Application forms may be obtained from:

Name: Human Resource Development

Address: 250 East Street  
Honeoye Falls, NY 14472

Phone number: (585) 624-2545

Special instructions: \_\_\_\_\_

Dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Days: Monday - Friday

Times: 8:00am - 3:00pm

Email address: \_\_\_\_\_

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

See Instructions on Reverse Side

**RECEIVED**  
NOV 16 2015  
APPRENTICE TRAINING  
CENTRAL OFFICE



NEW YORK STATE DEPARTMENT OF LABOR  
SELECTION STANDARDS AND EVALUATIONS

Sponsor Code: [REDACTED]

ATP Code: 32-427

NAME OF CANDIDATE	TRADE <b>Screw Machine Set Up and Operator (Multi Spindle)</b>
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

**EDUCATIONAL ACHIEVEMENT**

<input checked="" type="checkbox"/>	2	POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	
<input checked="" type="checkbox"/>	2	POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	
<input checked="" type="checkbox"/>	1	POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED	
<input type="checkbox"/>		OTHER _____	

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
TOTAL	20			TOTAL
	8			
	10			
	6			

**WORK EXPERIENCE**

<input checked="" type="checkbox"/>	3	POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE	
<input checked="" type="checkbox"/>	1	POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE	
<input checked="" type="checkbox"/>	1	POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE	
<input type="checkbox"/>		OTHER _____	

TOTAL	20			TOTAL
	12			
	4			
	4			

**SENIORITY**

<input checked="" type="checkbox"/>	4	POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM	
<input type="checkbox"/>		OTHER _____	

TOTAL	20			TOTAL
	20			

**JOB APTITUDE**

<input type="checkbox"/>	SATB (SPECIFIC APTITUDE TEST BATTERY) # _____
<input type="checkbox"/>	POINTS FOR HIGH _____ MEDIUM _____ LOW _____
<input type="checkbox"/>	NAME OF ALTERNATIVE APTITUDE TEST: _____
<input type="checkbox"/>	ADMINISTERED BY _____
<input type="checkbox"/>	OTHER _____

TOTAL				TOTAL

**ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE**

<input checked="" type="checkbox"/>	1	ABILITY TO COMMUNICATE	
<input checked="" type="checkbox"/>	1	WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP	
<input checked="" type="checkbox"/>	1	ABILITY TO REASON AND COMPREHEND	
<input checked="" type="checkbox"/>	1	INTEREST AND MOTIVATION	
<input type="checkbox"/>		OTHER _____	
<input type="checkbox"/>		OTHER _____	

TOTAL	10			TOTAL
	2			
	2			
	4			
	2			

TOTAL ALLOWABLE POINTS →

70	TOTAL SCORE →
----	---------------

RANK \_\_\_\_\_

**RECEIVED**  
NOV 16 2015

**APPRENTICE TRAINING  
CENTRAL OFFICE**

EVALUATED BY \_\_\_\_\_ DATE \_\_\_\_\_

SPONSOR NAME Southco, Inc.

SPONSOR ADDRESS 250 East Street, Honeoye Falls, NY 14472

SP: [REDACTED]  
ATP: 31-227  
32-427

## NON-DISCRIMINATION PLAN (SHORT FORM)

**A. EQUAL OPPORTUNITY PLEDGE: OUR COMPANY RECOGNIZES THAT ALL PERSONS SHALL HAVE EQUAL OPPORTUNITY IN EMPLOYMENT AND APPRENTICESHIP TRAINING, and agrees to adhere to the following:**

"The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. 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; 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.

**B. SEXUAL HARASSMENT PREVENTION POLICY: OUR POLICY IS THAT SEXUAL HARASSMENT IS PROHIBITED. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.**

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment
- submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Division of Equal Opportunity Development must be notified of the complaint.

**C. MINIMUM QUALIFICATIONS AND SELECTION STANDARDS: It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Notice of Apprentice Training Opportunity, and Form AT 508, Selection Standards and Evaluation, attached.**

**D. RECRUITMENT: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):**

- ( ) Listing all apprentice openings with the NYS Department of Labor Division of Employment Services for a minimum of five full working days before selections are made.
- (X) Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Department of Labor Division of Employment Services.
- ( ) Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the above named sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: \_\_\_\_\_

*The above signature must be the employer's Chief Executive Officer or the*

Date

9/28/2015

\_\_\_\_\_  
Date

RECEIVED  
NOV 16 2015  
APPRENTICE TRAINING  
CENTRAL OFFICE



New York State Department of Labor

Please send to your regional DOL office: 276 Waring Rd, Rochester NY 14609

Apprenticeship Agreement

Sponsor No. [redacted] ATP Code 32-427

I. Apprenticeship Agreement

Form section I containing fields for Name of Apprentice (Bailey, Jacob R), Name of Program Sponsor (Southco, Inc.), Physical address (250 East Street, Honeoye Falls, NY 14472), Trade (Screw Machine Set-Up and Operator), Start Date, Length of program (48 months), DOL Apprentice Probation Period (12 months), and Minimum Journey-Worker Rate (\$21.72).

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: [X] Months [ ] Hours [ ] Points [ ] Sections

Table with 10 columns representing periods 1 through 10. Values for months: 12, 12, 12, 12, [blank], [blank], [blank], [blank], [blank], [blank]. Values for hours: 12.50, 12.88, 13.27, 13.67, [blank], [blank], [blank], [blank], [blank], [blank].

RECEIVED NOV 16 2015

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

Signature of Apprentice and Parent/Guardian if age 16-17 [Signature] Date 10/14/15 Signature of Official Sponsor Representative [Signature] Date

APPRENTICE TRAINING CENTRAL OFFICE

Registered by the New York State Department of Labor:

Signature New York State Department of Labor Date

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 [ ] Quit [ ] Layoff [ ] 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