

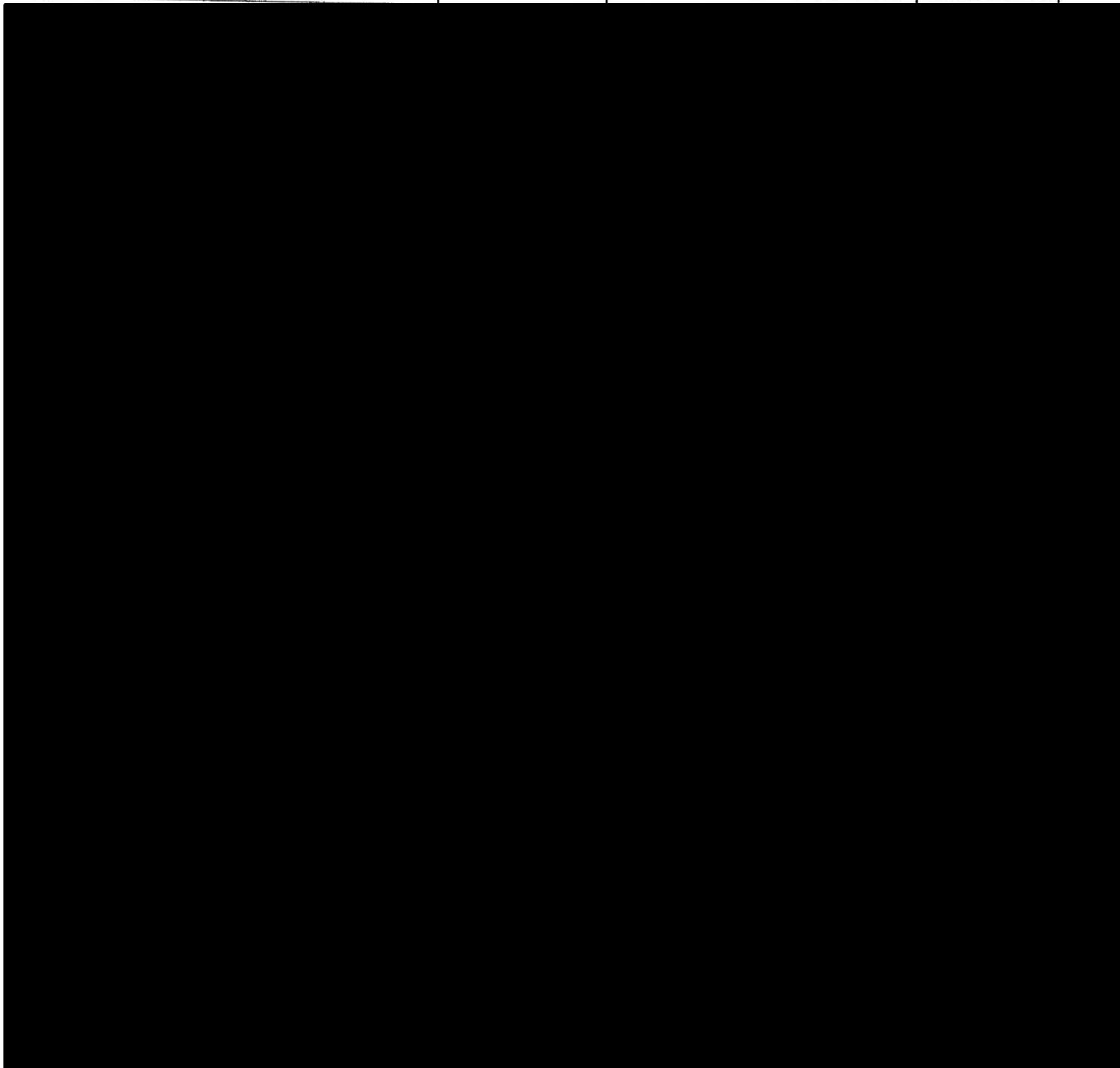


NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: _____

ATP Code: 56-360

SPONSOR Start Elevator LLC		DISTRICT NYC		
NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None) None				
TRADE / OCCUPATION Elevator Servicer & Repairer		REQUESTED DATE 6-23-2015		
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> JAC	INDENTURED BY	<input checked="" type="checkbox"/> STATE
<input type="checkbox"/> GROUP	<input checked="" type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC		<input checked="" type="checkbox"/> EMPLOYER <input type="checkbox"/> AGENT





NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

RECEIVED
NYS DEPARTMENT OF LABOR
JUN 16 2015
NYC/DEWS
BUREAU QUALITY ASSURANCE

Trade	Elevator Servicer & Repairer	
Sponsor Name	Start Elevator LLC	
Sponsor's Representative	John O'Shea	
Sponsor Address (No. & Street)	(City)	
4350 Bullard Ave	N.Y.	
(County)	(State)	(Zip Code)
Bronx	NY	10466
Sponsor Telephone No.	(718) 324-9166	
Proposed Number of Apprentices	1	

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School Start Elevator LLC
Address 4350 Bullard Ave
Address Bronx NY 10466
School Representative: Robert Edgar

AT Office Name and Address:

NEW YORK STATE DEPT OF LABOR
WORKFORCE SOLUTIONS
APPRENTICESHIP UNIT (NYC)
75 Varick Street (7th Floor)
New York, New York 10013

Name and Address of DLEA:

New York City Dept. of Education
Brooklyn Adult Learning Center
475 Nostrand Avenue – Room # 125
Brooklyn, NY 11216
To: Joan Mosely

Apprentice Training Representative:



Signature of DLEA: _____

Date Prepared: 6/22/15

Date Prepared:

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New York State Department of Labor

Sponsor Information Sheet

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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.

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Form with fields for Sponsor Name (Start Elevator LLC), Trade Name (Elevator Services/Repairer), Name of Entity, FEIN No., Mailing Address, NYS Employer Registration, Fax No., Phone No., E-mail Address, Type of Entity (LLC checked), and business history questions.

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

5/21/15
Date

John O'Shea President
Print Name and Title

Sworn to me this: 21st day of MAY 2015

Signature of Notary Public or Commissioner of Deeds

THOMAS K DUNNE
 Notary Public, State of New York
 No. 01DU622586
 Qualified in Westchester County
 Commission Expires May 24, 2018

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New York State Department of Labor

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JUN 16 2015

Apprentice Training Program Registration Agreement

NYC/DEWS BUREAU QUALITY ASSURANCE

RECEIVED Revision New Program (nature of change) NYS DEPARTMENT OF LABOR

JUN 25 2015

NYC/DEWS BUREAU QUALITY ASSURANCE

State Use Only		
AT sponsor no.		
ATP code	56-360	
Effective date of AT program		

- Name of sponsor: Start Elevator LLC
- Mailing address: 4350 Bullard Ave N.Y. N.Y. 10466 Bronx
- Actual address: 4350 Bullard Ave N.Y. N.Y. 10466 Bronx
- Telephone no.: (718) 324-9166 (ext. #) (718) 324-9253 (fax #)
- Trade/Occupation: Elevator Services/Repairer
- No. employees: 55 No. apprentices: 1 No. journeyworkers: 13 7. Ratio: 1:1, 1:2 (non-standard)
- ISC code: 9. DOT code: 825281030 10. Length of program: 48 months
- Apprentice probationary period: 12 months 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$ 30 per Hour 14. Effective date of wages: 11/1/2015
- Apprentice wage progression for each period - in months (M) or hours (H)

1 2 3 4 5 6 7 8 9 10

M <input checked="" type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>							
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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APPRENTICE TRAINING CENTRAL OFFICE

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

17. [Signature] 6/12/15
 Signature of official sponsor representative Date
John O'Shea President
 Print name and title

18. _____ / /
 Signature of union representative Date

 Print name, title, and union name

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

AT 10 (07-10)

Additional Sponsor Representatives

[Signature] 6/12/15
 Kevin Shea Agency Director
 DATE

[Signature] 6/12/15
 Robert Edgar CET-S
 DATE



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

Start Elevator LLC

(Sponsor)

, located at

4350 Bullard Ave, Bronx N.Y. 10466

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in
(No. of openings)

the occupation of Elevator Servicer/Repairer
(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 or TASC High school equivalency

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

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(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 be capable of performing physical requirements of trade, which are lifting, climbing and working from heights

Other: Applicant is responsible for transportation to different job sites + classroom training facility

Other: _____

Application forms may be obtained from:

Dates: From: _____ to: _____

Name: Start Elevator LLC

Days: _____

Address: 4350 Bullard Ave
Bronx N.Y. 10466

Times: _____

Phone number: (718) 324-9166

Email address: _____

Special instructions: Proof of age + High school or TASC equivalency diploma to be submitted

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



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATION

Sponsor Code: _____
ATP Code: 56-360

NAME OF CANDIDATE	TRADE <u>Elevator Servicer & Repairer</u>		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

MAXIMUM POINTS ALLOWABLE NUMBER OF YEARS CREDITED SCORE

EDUCATIONAL ACHIEVEMENT

- 2 1/2 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 5 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

TOTAL

12

25		
5		
10		
10		

TOTAL

WORK EXPERIENCE

- 5 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 2 1/2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 2 1/2 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER _____

TOTAL

25		
15		
5		
5		

TOTAL

SENIORITY

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

TOTAL

10		
10		

TOTAL

JOB APTITUDE

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

TOTAL

TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

TOTAL

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

40		
8		
8		
8		
8		

TOTAL

TOTAL ALLOWABLE POINTS



100

TOTAL SCORE

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EVALUATED BY _____ DATE _____

SPONSOR NAME

Start Elevator LLC

SPONSOR ADDRESS

4350 Bullard Ave, Bronx NY 10466

RANK JUL 24 2015

APPRENTICE TRAINING
CENTRAL OFFICE

AT 508 (07-06)

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NYS DEPARTMENT OF LABOR

JUN 16 2015

NYC/DEWS
BUREAU QUALITY ASSURANCE

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NYC/DEWS
BUREAU QUALITY ASSURANCE

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.
- () 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 Chair of the Joint Apprenticeship Committee or their authorized representative.

Date

Approved by: _____

NYS Department of Labor, Division of Equal Opportunity Development

Date

Sponsor Name Start Elevator LLC Sponsor Code _____ No. of Appr. 1

Trade Elevator Servicer + Repairer Trade Code(s) 56-360

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 56-360

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) DePalma Salvatore J

1. Name of Program Sponsor Start Elevator LLC

Physical address of Program Sponsor (no. and street) 350 Bullard Ave

City New York County Bronx State NY Zip code 10466

Mailing address of Program Sponsor (no. and street) 350 Bullard Ave

City New York County Bronx State NY Zip code 10466

2. Trade: Time-based Competency-based Hybrid

Elevator Service/Repairer

3. Start Date _____ 4. Length of program (Months) 48 5. DOL Apprentice Probation Period for Completion Rates (Months) 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s) NAEC CET, Start Elevator LLC 4350 Bullard Ave, Bronx NY 10466

7. Minimum Journey-Worker Rate \$30.

8. Credit for previous training or experience: Months _____ Points _____ Sections _____

Reinstatement Vocational Education Transfer Previous Experience (Employer name) _____

9. Apprentice Wage Progression (Without Benefits) for each Period - in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

JAL DePalma 6/12/15 [Signature] 6/12/15

Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

State Use Only

Date 6-22-15 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 Quit Layoff Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Data Entry _____

Signature of Official Sponsor Representative _____ Date _____ Print Name _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____

Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative _____ Date _____ Print Name _____

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Data Entry _____

Must be returned within 30 days of receipt