



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: Thousand Islands Arts Center

B. Trade(s): Pottery Studio Manager

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: _____

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: 314 John St.

City/Town: Clayton State: NY Zip Code: 13624

G. Email: _____ H: Phone: 3156864123 I. Fax: _____

J. Federal Employer Identification Number (FEIN): _____

K. NYS Unemployment Insurance Employer Registration (ER) Number: _____

L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? Yes No *June 3/2/20*

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

N. How many years has your organization been in business? 53

O. Within the past five (5) years, have you done business under a different name? Yes No

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? Yes No
If 'Yes', provide attachments as noted in the instructions. *MAR 10 2000*

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:

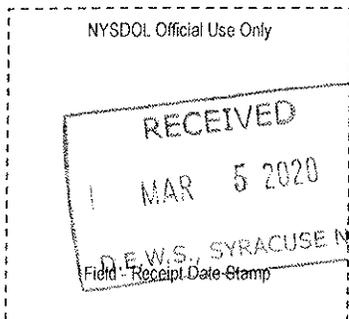
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Leslie W Rowland 1-16-20
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Leslie W Rowland, Executive Director

Sworn to me this: 16 day of January 2020 Catherine I Hungerford
Signature of Notary Public or Commissioner of Deeds



CATHERINE I. HUNGERFORD
 Notary Public, State of New York
 No. 01HU6059628
 Qualified in Jefferson County
 Commission Expires May 29, 20 23

New York Department of Labor
 Apprenticeship Training
 MAR 10 2020



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- 1. Name of Sponsor: Thousand Islands Arts Center
- 2. Mailing Address: 314 John St. Clayton NY 13624 Jefferson
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: same as mailing
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 315 686 4123 Ext. 201 Fax No.: n/a
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Pottery Studio Manager
- 7. No. Employees: 5 No. Apprentices: 2 No. Journeyworkers: 3 8. Ratio: 1:1
- 9. DOT Code: _____ 10. Length of Program: 12 months
- 11. Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 18 per hour 14. Effective Date of Wages: 1/1/2020

15. Apprentice wage progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>							
<u>1000</u> <u>15</u>	<u>1000</u> <u>16</u>								

fwk

- 16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- 17. Leslie W Rowland 1-20-20 Marcia Rogers 1/16/20
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Leslie W. Rowland, Executive Director Marcia Rogers, Education Coordinator
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

MAR 16 2020

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code _____

Name of Apprentice (Last, First, M.I.) Morris, Kathleen A		Social Security Number [REDACTED]	1. Name of Program Sponsor Thousand Islands Arts Center						
Address of Apprentice (no. and street) [REDACTED]		Physical address of Program Sponsor (no. and street) Clayton Jefferson NY 13624 City County State Zip code 314 John St.							
[REDACTED]		Mailing address of Program Sponsor (no. and street) City County State Zip code Same							
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Trade _____ State _____		3. Start Date	4. Length of program (Months) 12	5. DOL Apprentice Probation Period for Completion Rates (Months)					
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Jefferson community college, Ceramic Materials Workshop		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$18					
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____		Months	Points	Sections	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JAN 21 2020</p> <p>D.E.W.S. SYRACUSE NY</p> </div>				
9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: <input type="checkbox"/> Months <input type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections		1	2	3		4	5	6	7
		1000	1000						
		\$15.00	\$16.00						

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

Kathleen Morris 1/29/20 Leniew Rowland 1/20/20
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:

Signature New York State Department of Labor

Date

State Use Only		
	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		
	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.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of DLEA Representative

Date

Print Name

WE ARE YOUR DOL



Sponsor Code _____

Trade Code _____

Related Instruction Availability

Trade: Pottery studio manager

Sponsor Name: Thousand Islands Arts Center

Sponsor Representative: Leslie Rowland

Sponsor Address:

No. & Street: 314 John St. City: Clayton

County: Jefferson State: NY Zip Code: 13624

Sponsor Telephone No.: 315-686-4123

Proposed Number of Apprentices: 1

AT Office

Name: Central (Syracuse)

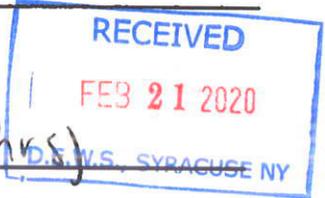
No. & Street: 450 South Salina Street

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [Redacted] Date Prepared: 2/20/2020

Related instruction is not available.

Related instruction is available at:



School

Name: Jefferson Community College (72 hrs)

No. & Street: 1220 Coffeen St

City: Watertown State: NY Zip Code: 13601

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

School

Name: Ceramic Materials Workshop (online 96 hrs)

No. & Street: https://www.ceramicmaterialsworkshop.com/online-classes.htm

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Georgia DUSCKAS

No. & Street: JEFFERSON-LEWIS BOCES

City: WATERDOWN State: NY Zip Code: 13601

Signature of DLEA [Redacted] Date Prepared: 2-20-2020

AT 8 (4/19)

24 hrs provided by JCC, first aid, sexual harrasment etc.



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

Thousand Islands Arts Center

, located at

(Sponsor)

314 John St., Clayton, NY 13624

(Address)

is presently accepting applications for an estimated 1 apprentice training positions in

(No. of Openings)

the occupation of

Pottery Studio Manager

(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

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

must be able to lift 25 lbs.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other:

Other:

NYS Department of Labor
Apprentice Training

Other:

MAR 16 2020

Central Office

Application Forms May be Obtained From:

Dates: From: 9:00 AM To: 5:00 PM

Name: _____

Days: M-F

Address: _____

Times: _____

Phone Number: (315) 686-4123

Email Address: [Redacted]

Special Instructions:

ASK for Marcia x 203

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



Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate _____ Trade _____
Address _____ City Watertown State NY Zip 13601

Table with columns: Selection Standard, Maximum Points Allowable, Number of Years Credited, Score. Rows include Educational Achievement, Work Experience, Seniority, Job Aptitude, and Oral Interview.

Total Allowable Points



100 Total Score ->

Rank _____

Evaluated by _____ Date _____ (Name)

Sponsor Name Thousand Islands Arts Center

Sponsor Address 314 John St. Clayton, NY 13624

New York State Department of Labor
Apprenticeship Training

MAR 16 2020

Central Office



Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

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

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

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

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

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

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

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

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

Signature of Sponsor: [Handwritten Signature] 1/9/20
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Leslie W. Rowland, Executive Director
Print Name and Title

Approved by: _____
NYS Department of Labor Date

Sponsor Name: NYS Department of Labor Apprentice Training Sponsor Code: _____ No. of Apprentices: _____
Trade(s): _____ Trade Code(s): _____