



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions

SEP 10 2020

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: the Center for Economic Growth
B. Trade(s): Welder (Industrial)
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
D. Name of entity completing this form: The Center for Economic Growth
E. Entity completing this form (check one): Individual Employer/Sponsor Union JAC/JATC Association
F. Mailing address: Street: 41 State St, Suite 704
City/Town: Albany State: NY Zip Code: 12207
G. Email: H. Phone: (518) 465-8975 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?
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? 30
O. Within the past five (5) years, have you done business under a different name?
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?

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?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

** 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 Lobsinger 8/21/2020
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Michael Lobsinger, Sr. Vice President

Sworn to me this: 21 day of Aug 2020 *Michelle M. Dragon*
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

MICHELLE M DRAGON
01DR6167671
Notary Public, State of New York
Qualified in Albany County
My commission expires JUNE 4th, 2023

Field - Receipt Date Stamp

NYS Department of Labor
Apprentice Training
SEP 10 2020
Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	<u>22260</u>
ATP Code	<u>33-295</u>
Effective Date of AT Program	

- Name of Sponsor: The Center For Economic Growth
- Mailing Address: 41 State St, Suite 704 Albany NY 12207 Albany
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (518) 465-8975 Ext. 244 Fax No.: (518) 465-6681
- E-mail Address: [REDACTED]
- Trade/Occupation: Welder (Industrial)
- No. Employees: 12 No. Apprentices: 01 No. Journeyworkers: 10 8. Ratio: 1:1, 1:1
- DOT Code: 020.067-018 10. Length of Program: Competency months 48
- Apprentice Probationary Period: 3 months 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ * AT-701 per AT-701 14. Effective Date of Wages: 6/6/20

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"/>										
H <input type="checkbox"/>										
*per AT-701										

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

17. Amanda Vitullo 7/17/20 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Amanda Vitullo, Director of Econ. Dev. _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date



SEP 10 2020 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 22260 ATP Code Welder 33-295

Name of Apprentice (Last, First, M.I.) O'Keefe, David J.		1. Name of Program Sponsor Espey Electronics		
[Redacted]		Physical address of Program Sponsor (no. and street) 233 Ballston Ave		
		City County State Zip code Saratoga Springs, Saratoga NY 12866		
		Mailing address of Program Sponsor (no. and street) 41 State St, Suite 704		
		City County State Zip code Albany Albany NY 12207		
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid welder (Industrial)		
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) HVCC, SUNY AdK, WSWHE BOCES		3. Start Date 7/6/20	4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
8. Credit for previous training or experience: 5 Months Points Sections		7. Minimum Journey-Worker Rate \$26.22		
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): Espey Mfg. & Electronics		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
0-1000	1001-4000	4001-8000							
\$17.29	\$21.51	\$25.71							

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: 6, 30, 20
 Signature of Official Sponsor Representative: [Signature] Date: 07, 06, 20

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 (Lack of Work) 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.

STATE USE ONLY

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



Department of Labor

Apprenticeship Training Program

Sponsor Code 22260

Trade Code 33-295

Related Instruction Availability

Trade: Welder (Industrial)

Sponsor Name: the Center for Economic Growth

Sponsor Representative: Amanda Vitullo

Sponsor Address:

No. & Street: 41 State St, Suite 704 City: Albany

County: Albany State: NY Zip Code: 12207

Sponsor Telephone No.: 518-465-8975

Proposed Number of Apprentices: 1

AT Office

Name: NYS DOL

No. & Street: State office Campus Bldg 12

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [Redacted] Date Prepared: _____

Related instruction is **not** available.

Related instruction is available at:

School

Name: Hudson Valley Community College

No. & Street: 80 Vandenberg Pl

City: Troy State: NY Zip Code: 12180

School Representative Contact Information:

Name: Carina Teator

Telephone No.: 5186294235 Email: [Redacted]

School

Name: WSWHE BOCES

No. & Street: 267 Ballard Rd, Suite 5

City: Wilton State: NY Zip Code: 12831

School Representative Contact Information:

Name: Kim Wegner

Telephone No.: 5185813580 Email: [Redacted]

DLEA

Name: Andrew Cartright

No. & Street: 3 Washington Center

City: Newburgh State: NY Zip Code: 12550

Signature of DLEA [Redacted] Date Prepared: 8/5/20

AT 8 (4/19)

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 22260
Trade Code 33-295

The Center for Economic Growth, located at

(Sponsor)

41 State St, Suite 704, Albany, NY 12207

(Address)

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

(No. of Openings)

the occupation of Welder (Industrial)

(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: HS Degree

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

N/A

(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:

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Other:

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Other:

Central Office

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Application Forms May be Obtained From: Dates: From: To:

Name: Days:

Address: Times:

Phone Number: () - Email Address:

Special Instructions:

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



Selection Standards and Evaluations

Name of Candidate	Trade Welder		
Address	City	State	Zip

Only those checked apply.	Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement <input checked="" type="checkbox"/> 2.5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2.5 Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	Total 25		Total
Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 2 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 25		Total
Seniority <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	Total		Total
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ 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"/> 5 Ability to Communicate <input checked="" type="checkbox"/> 5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 5 Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total 20		Total

Total Allowable Points → 70 Total Score →

Rank _____

Evaluated by _____ Date _____
(Name)

Sponsor Name The Center for Economic Growth

Sponsor Address 41 State St, Suite 704, Albany, NY 12207



Department of Labor

New York State Department of Labor

Sponsor Code 22260
Trade Code(s) 33-295

Apprentice Training Program Affirmative Action Plan

New Program
Amended
Renewal

To be Administered by: The Center for Economic Growth
Sponsor's Name

Address: 41 State St, Suite 704
Albany, NY 12207
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: [Handwritten Signature] 7/17/20
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: Amanda Vitullo

Title: Director of Economic Development

Do not write below this line.

Approved by: NYS Department of Labor Date

Title:

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Sponsor Code 22260
Trade Code(s) 33-295

Apprentice Training Program Affirmative Action Plan

Legend: New Program, Amended, Renewal

To be Administered by: The Center for Economic Growth
Sponsor's Name

Address: 41 State St, Suite 704
Albany, NY 12207
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: [Handwritten Signature] 7/17/20
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: Amanda Vitullo

Title: Director of Economic Development

Do not write below this line.

Approved by: NYS Department of Labor Date

Title:

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.

The Center for Economic Growth (CEG) is a nonprofit, regional economic and business development organization. CEG will be operating a group non joint apprenticeship program in Albany, Schenectady, Rensselaer, Columbia, Greene, Washington, Warren, Saratoga, Fulton, Montgomery, Clinton and Essex counties.

B. Equal Opportunity Pledge

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

The recruitment, selection, employment, and training of apprentices during 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.

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Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 679,005 in the following county(counties):

<u>Albany, Clinton</u>	<u>Columbia, Essex</u>	<u>Fulton, Greene</u>
<u>Montgomery, Rensselaer</u>	<u>Saratoga, Schenectady</u>	<u>Warren, Washington</u>
_____	_____	_____

The labor force includes: /1

Minorities

African American	<u>32,675</u>	<u>4.81</u>	%
Hispanic	<u>20,979</u>	<u>3.09</u>	%
Other Minorities /2	<u>24,555</u>	<u>3.62</u>	%
Total Minorities	<u>78,209</u>	<u>11.52</u>	%
 Women	 <u>329,030</u>	 <u>48.46</u>	 %

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:	<u>11.52</u>	%
Goal for Women:	<u>6.99</u>	%

/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. %	Hispanic No. %	Other Minority No. %	Women No. %
Active Journeyworkers					
Registered Apprentices					

B. Projected Number of Apprentice Indentures /1

Year	20	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	Totals
New Positions							
Vacancies from Turnover /2							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows: /1

Year	20	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	Totals
African American							
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.

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/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:

CEG will work with the following groups to attract companies and individuals into the program:

EDUCATION PROVIDERS

Hudson Valley Community College
Clinton County Community College
SUNY Schenectady
SUNY Adirondack
Fulton-Montgomery Community College

COMMUNITY GROUPS

Albany Community Action Partnership
Schenectady Community Action Partnership
Trinity Alliance
The Employment Opportunity Center
The Greater Capital Region Workforce Investment Boards
YouthBuild
Glenmont Job Corps
Albany Can Code

VETERANS GROUPS

The Veterans Connect Center

INDUSTRY GROUPS

The Chief Executives Network
The Manufacturing Extension Partnerships
Direct Entry Provider(s): (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)
YouthBuild
Glenmont Job Corps

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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.

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

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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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