



NYSDOL Use Only: Sponsor No. _____ <input checked="" type="checkbox"/> New Program <input type="checkbox"/> Reactivation <input type="checkbox"/> Revision <input type="checkbox"/> Recertification
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New York State Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

SEP 08 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: UDN, Inc.
- B. Trade(s): Construction Superintendent PE MANAGER (DRAFT)
- 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: UDN, 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: 350 East Ave, Suite #204
 City/Town: Rochester State: NY Zip Code: 14604
- G. Email: [REDACTED] H. Phone: (585) 455-7584 I. Fax: (585) 625-0498
- 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? 8
- 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.

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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 7/8/20

Print name and title: Nick Testa - Vice President

Sworn to me this: 8 day of July, 2020 Emily E. Torregiano
 Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
 Apprentice Training
 SEP 03 2020
 Central Office

EMILY E. TORREGIANO
 Notary Public, State of New York
 Reg. No. 01TO6354228
 Qualified in Monroe County
 Commission Expires 2/13/2021



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

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

- Name of Sponsor: UDN, Inc.
- Mailing Address: 350 East Main Street, Suite #204 Rochester NY 14604 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585-455-7584 Ext. _____ Fax No.: N/A
- E-mail Address: _____
- Trade/Occupation: Construction Superintendent ^{MANAGER (DRAFT)}
- No. Employees: 10 No. Apprentices: 4⁰⁰ No. Journeyworkers: 6 8. Ratio: _____
- DOT Code: 182.167-026 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 Months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 31.25 per hour 14. Effective Date of Wages: 6/22/2019

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 checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>							
H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
12	12								
\$24.03	\$26.44								

NYS Department of Labor
Apprentice Training

SEP 03 2020

Central Office

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

17. [Signature] 7/8/20 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Nicholas Testa - Vice President
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

Received
Apprenticeship Unit

JUL 13 2020

ROCHESTER



Apprenticeship Training Program

Related Instruction Availability

NYS Department of Labor
Apprentice Training

Trade: Construction Manager (Draft) SEP 08 2020

Sponsor Name: UDN, Inc.

Sponsor Representative: Nick Testa - Vice President Central Office

Sponsor Address:

No. & Street: 350 East Main Street, Suite #204 City: Rochester

County: Monroe State: NY Zip Code: 14604

Sponsor Telephone No.: 585-455-7584

Proposed Number of Apprentices: 1

AT Office

Name: NYS DOL - Apprenticeship Training Unit

No. & Street: 276 Waring Road

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 8/8/19

Related instruction is **not** available. Related instruction **is** available at:

School

Name: Monroe Community College

No. & Street: 1000 East Henrietta Road

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Dale Pearce Telephone No.: 585-685-6118 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

DLEA

Name: [REDACTED]

No. & Street: 30 Hart Street

City: Rochester State: NY Zip Code: 14605

Signature of DLEA _____ Date Prepared: _____

PENDING DLEA APPROVAL



Apprentice Training Recruitment Notification and Minimum Qualifications

NYS Department of Labor
Apprentice Training

Sponsor Code
Trade Code

SEP 08 2020

UDN, Inc. (Sponsor) Central Office, located at
350 East Ave, Suite #204, Rochester, NY 14604 (Address)

is presently accepting applications for an estimated 1 apprentice training positions in
(No. of Openings)
the occupation of Construction Manager (DRAFT) (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 High School Equivalency Diploma (such as TASC or GED).

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

(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 able to climb and work from heights, on scaffolds, in confined spaces, and underground.
Must be able to lift a minimum of 50 pounds.

Other:

Must be able to work under conditions of inclement weather; rain, snow, cold, heat and direct sunlight.
Must be able to stand and stoop for prolonged periods of time.

Other:

Must have a valid NYS driver's license in order to drive company vehicles.
Must have reliable transportation to and from work and required classes at the approved school.

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

Name: UDN, Inc. Days: Monday - Friday

Address: Times: 9:00am - 4:00pm

350 East Ave, Suite #204, Rochester, NY 14604

Phone Number: (585) 353 - 2256 Email Address:

Special Instructions:

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



Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate: Trade Construction Manager (DRAFT)
Address: City State Zip

Table with 5 main rows: Educational Achievement, Work Experience, Seniority, Job Aptitude, Oral Interview. Each row has columns for Maximum Points Allowable, Number of Years Credited, and Score. Includes checkboxes for various criteria.

Total Allowable Points



100

Total Score ->

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name UDN, Inc.

Sponsor Address 350 East Ave, Suite 204, Rochester, NY 14604

NYS Department of Labor
Apprentice Training



New York State Department of Labor

Received
Apprenticeship Unit
JUL 13 2020
ROCHESTER

SEP 03 2020

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; 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 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 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, Apprenticeship 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):

- 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: _____

7/8/20

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Date

Nick Testa - Managing Partner

Print Name and Title

Approved by: _____

NYS Department of Labor

Date

Sponsor Name **UDN, Inc.**

Sponsor Code _____

No. of Apprentices **1**

Trade(s) **Construction Superintendent**

Trade Code(s) **MANAGER (DRAFT)**