



New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor Albrite Electric KSA, Inc		District Central			
Name, local no. and address of union (If none, write none)					
Trade/Occupation Electrician		Requested date 2/25/16			
<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
Apprentice Training Program Registration Agreement

STATE USE ONLY	
AT Sponsor No. _____	
ATP Code <u>1 7 - 0 7 2</u>	
Effective date of AT Program _____	

REVISION _____

RECEIVED
FEB 25 2016
 D.E.W.S., SYRACUSE NY

New Program Application

natural change
 NYS Department of Labor
 Apprentice Training
MAR 08 2016

1. Name of Sponsor Albrite Electric KSA, Inc Central Office

2. Mailing Address 605 Valleyview Dr Endicott NY 13760 Broome
(Number & Street) (City) (State) (Zip Code) (County)

3. Actual Address _____
(Number & Street) (City) (State) (Zip Code) (County)

4. Phone (607) 728-2105 Ext: _____ Fax (888) 831-7958

5. Trade / Occupation Electrician

6. No. Employees 3 No. Apprentices 1 No. Journeyworkers 1 7. Ratio 1:1; 1:3
(Non-Standard) Months

8. ISC Code _____ 9. DOT Code 8 2 4 - 2 6 1 - 0 1 0 10. Length of Program 4 8
Months

11. Apprentice Probationary Period 12 Months 12. Work Process: Standard or Revised _____

13. Minimum Journeyworker Rate \$ 20.00 per Hour 14. Effective Date of Wages 02/01/16

15. Apprentice Wage Progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <u>6</u>	M _____	M _____							
H _____	H _____	H _____							
\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00	\$15.50		

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

17. Kathy Stebner President 2/22/16
 Signature of the Official Sponsor Representative Date

18. _____
 Signature of the Union Representative Date

Kathy Stebner, President
 Print Name and Title of Official Sponsor Representative

 Print Name, Title and Union Name

19. _____
 Signature of New York State Department of Labor

 Date



New York State Department of Labor

Sponsor Information Sheet

RECEIVED
FEB 25 2016
D.E.W.S., SYRACUSE NY

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 handwritten entries: Sponsor Name: Albrite Electric, KSA Inc.; Trade Name: Electrician; Name of Entity Completing Form: Albrite Electric, KSA Inc.; Mailing Address: 605 Valleyview Drive Endwell NY 13760; Fax No.: 888-831-7958; Phone No.: 607-748-2105; E-mail Address: ksa@albriteelectric.com; Type of Entity: Corporation; How many years in business: 17 years; Have you done business under a different name? No; Is the Sponsor a Group Joint or Group Non-Joint Program? No.

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 Apprentice 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.

Kathy Stebner President
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

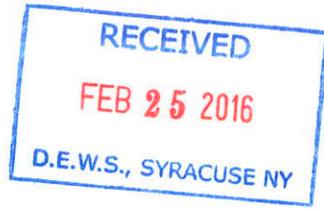
2-19-16
Date

Kathy Stebner President
Print Name and Title

Sworn to me this: 19th day of February 2016

Brandi Somme
Signature of Notary Public or Commissioner of Deeds

BRANDI SOMME
Notary Public - State of New York
No. 01SO6329943
Qualified in Broome County
My Commission Exp. 02/31/2019



NYS Department of Labor
Apprentice Training
MAR 08 2016

Central Office



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

RECEIVED
FEB 22 2016
D.E.W.S., SYRACUSE NY

Trade		
Electrician		
Sponsor Name		
Albrite Electric KSA, Inc		
Sponsor's Representative		
Sponsor Address (No. & Street) (City)		
605 Valleyview Dr		Endicott ^{well}
(County)	(State)	(Zip Code)
Broome	NY	13760
Sponsor Telephone No.		
607-748-2105		
Proposed Number of Apprentices		
1		

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School
B.O.C.E.S.
Address
435 Glenwood Rd.
Address

Binghamton, NY 13905
School Representative:

Department of Labor
Apprentice Training
MAR 08 2016

Central Office

Name and Address of DLEA:

MS. PAULA COLAVITO, B-T BOCES, 4005
C/O BC PUBLIC SAFETY BUILDING
155 LT. VAN WINKLE DRIVE
BINGHAMTON NY 13905

AT Office Name and Address:

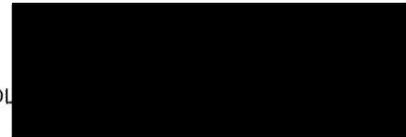
NYS Department of Labor
450 S. Salina St
Room 203
Syracuse, NY 13202

Apprentice Training Representative:



Date Prepared: 2/10/16

Signature of DLEA:



Date Prepared: 2/17/2016



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

Albrite Electric KSA, Inc _____

, located at

(Sponsor)

605 Valleyview Dr, Endicott NY 13760

(Address)

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

the occupation of Electrician
(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 T.A.S.C

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

(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: valid NYS Driver's License to drive company vehicles

Other: Drug screening after offer of employment

NYS Department of Labor
Apprentice Training

MAR 08 2016

Other: _____
Central Office

Application forms may be obtained from: _____ Dates: From: _____ to: _____

Name: Albrite Electric _____ Days: Monday to Friday

Address: 605 Valleyview Dr _____ Times: 8:00 am to 5:00 pm
Endicott, NY 13760

Phone number: (607) 748-2105 _____ Email address: ksa@albriteelectric.com

Special instructions: Applications may be obtained and returned by mail or e-mail.

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



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

NAME OF CANDIDATE		TRADE Electrician		
ADDRESS		CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- 2 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 2 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 10 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	12		TOTAL
	8		
	4		

WORK EXPERIENCE

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

TOTAL	10		TOTAL
	5		
	5		

SENIORITY

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

TOTAL			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

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

NYS Department of Labor
Apprentice Training
MAR 08 2018
Central Office

TOTAL	9		TOTAL
	2		
	2		
	2		
	3		

TOTAL ALLOWABLE POINTS

31	TOTAL SCORE
----	-------------

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME Albrite Electric KSA, Inc

SPONSOR ADDRESS 605 Valleyview Dr, Endicott, NY 13760

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 Apprenticeship 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: Kathy Stetm President

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

2, 19, 16
Date



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code _____

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Stebner, Matthew J.

1. Name of Program Sponsor Albrite Electric KSA Inc

Physical address of Program Sponsor (no. and street) 605 Valleyview Drive

City Endwell County Broome State NY Zip code 13760

Mailing address of Program Sponsor (no. and street) 605 Valleyview Drive

City Endwell County Broome State NY Zip code 13760

2. Trade: Time-based Competency-based Hybrid
Electrician

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

6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BOCES Glenwood Drive Binghamton, NY

RI Compensated Yes No

7. Minimum Journey-Worker Rate 8.20

8. Credit for previous training or experience: Months _____ Points _____ Sections _____
 Reinstatement Vocational Education Transfer Previous Experience (Employer name) _____

NYS Department of Labor
Apprentice Training

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
6	6	6	6	6	6	6	6	Central Office	6
12.00	12.50	13.00	13.50	14.00	14.50	15.00	15.50		

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

Matt Stebner 2/18/16 Kathy Stebner 2/19/16
 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	_____	Init. _____
To ATC	_____	_____
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

Signature New York State Department of Labor _____ Date _____

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.

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