



New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision NEW PROGRAM (nature of change) NYS Department of Labor Apprentice Training

MAR 11 2016

State Use Only	
AT sponsor no.	
ATP code	13-334
Effective date of AT program	

1. Name of sponsor: All State Fire and Security Central Office
2. Mailing address: 400 Mineral Springs Rd (number & street) (city) (state) (zip code) Erie (county)
3. Actual address: (number & street) (city) (state) (zip code) Erie (county)
4. Telephone no.: 716-783-9670 (telephone #) (ext. #) (fax #)
5. Trade/Occupation: Fire Protection
6. No. employees: 43 No. apprentices: 0 No. journeymen: 5 Ratio: 1:1:1:4 (non-standard)
8. ISC code: 9. DOT code: 862-281-022 10. Length of program: 60 months
11. Apprenticeship probationary period: 1 year 12. Work process: Standard or Revised
13. Minimum journeyworker rate: \$16.00 per hr 14. Effective date of wages: 1/1/16
15. Apprenticeship 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"/>								
\$14.50	\$16.00	\$19.50	\$23.00	\$25.50					

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

17. D. Ungaro 2/9/16 18. _____ 1/1
 Signature of official sponsor representative Date Signature of union representative Date
 Dana Ungaro /Sprinkler Division Manager _____
 Print name and title Print name, title, and union name

19. _____ 1/1
 Signature New York State Department of Labor Date



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions AUG 26 2016

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: All State Fire & Security
B. Trade(s): Sprinkler Fitter
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: All State Fire Equipment of WNY LLC
E. Entity completing this form (check one):
[X] 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: 400 Mineral Springs Rd
City/Town: Buffalo State: NY Zip Code: 14224
G. Email: [Redacted] H. Phone: (716) 783-9670 I. Fax: [Redacted]
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? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[] Corporation [] Partnership [] Sole-Proprietor [X] 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 [X] 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 [X] 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 [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] 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 *D. Ungaro* Date 7/14/16

Print name and title: Dana Ungaro / Sprinkler Div. - Special Hazards Manager

Sworn to me this: 15 day of July, 2016 Signature of Notary Public or Commissioner of Deeds *Sylvia I. Antonicelli*



Sylvia I. Antonicelli
Notary Public, State of New York
Qualified in Erie County
Commission Expires 5/16/2019
No. 01AN6241302



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

SPONSOR #
ATP # 13-334

Trade
Sprinkler Fitter
Sponsor Name
All State Fire and Security
Sponsor's Representative
Dana Ungaro - Sprinkler Div. Mgr.
Sponsor Address (No. & Street) (City)
400 Minerals Springs Rd
(County) (State) (Zip Code)
Erie NY 14227
Sponsor Telephone No.
(716) 783-9670
Proposed Number of Apprentices
2

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School NCCER-On-line
Address Buffalo Public Schools
Adult Education Div.
Address 389 Virginia St
Buiffalo, NY 14201

School Representative:
Dana Ungaro - NCCER
Marcia Johnson

NYS Department of Labor
Apprentice Training
MAR 11 2016

AT Office Name and Address:
New York State Department of Labor
Buffalo Apprenticeship Office
290 Main St Mezz level
Buffalo, New York 14202

Central Office Name and Address of DLEA:
Marcia Johnson
Buffalo Public Schools
Adult Education Div.
389 Virginia St
Buiffalo, NY 14201

Apprentice Training Representative:
[Redacted]

Signature of DLEA
[Redacted]

Date Prepared:
3/2/16

Date Prepared:

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.

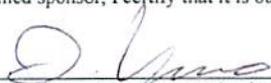
- C. **MINIMUM QUALIFICATIONS AND SELECTION STANDARDS:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Notice of Apprentice Training Opportunity, and Form AT 508, Selection Standards and Evaluation, attached.

- 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: _____



2,129,16



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

SP:
ATP: 13-334

All State Fire and Security , located at
(Sponsor)
400 Mineral Springs Rd Buffalo Ny 14227
(Address)

is presently accepting applications for an estimated 2 apprentice training positions in
(No. of openings)
the occupation of Sprinkler Fitter
(Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

NYS Department of Labor
Apprentice Training

MAR 11 2016

Minimum Qualifications

Minimum age: 18 Central Office

Minimum education: High School Diploma or equivalent. Proof required.

Physical condition: Be physically able to perform the work required as determined by Either a in house
evaluation or a signed affidavit of the persons physical fitness.

(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 pass a drug screening within 48 hours of signing.

Able to work for a period of 8 hrs on your feet while moving and lift minimum of 95lbs.

Other: Able to work on ladders at up 16' and lift work up to 40'.

Must have reliable transportation to and from designated job sites.

Other: Must be able to take multiple step directions and complete the task given in a timely manner.

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

Name: All State Fire and Security Days: Mon.-Fri.

Address: 400 Mineral Springs Rd Times: 8am-5pm
Buffalo, NY 14227

Phone number: (716) 783-9670 Email address: [REDACTED]

Special instructions: Attach resume and references to application.

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

See Instructions on Reverse Side



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

Sponsor Code: _____
ATP Code: 13-334

NAME OF CANDIDATE	TRADE Sprinkler Fitter		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

		MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL
EDUCATIONAL ACHIEVEMENT					
TOTAL		20			TOTAL
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	10			
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	10			
<input type="checkbox"/>	POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED				
<input type="checkbox"/>	OTHER _____				
WORK EXPERIENCE					
TOTAL		60			TOTAL
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE	20			
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE	20			
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE	20			
<input type="checkbox"/>	OTHER _____				
SENIORITY					
TOTAL					TOTAL
<input type="checkbox"/>	POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM				
<input type="checkbox"/>	OTHER _____				
JOB APTITUDE					
TOTAL					TOTAL
<input type="checkbox"/>	SATB (SPECIFIC APTITUDE TEST BATTERY) # _____				
<input type="checkbox"/>	POINTS FOR HIGH _____ MEDIUM _____ LOW _____				
<input type="checkbox"/>	NAME OF ALTERNATIVE APTITUDE TEST: _____				
<input type="checkbox"/>	ADMINISTERED BY _____				
<input type="checkbox"/>	OTHER _____				
ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE					
TOTAL		20			TOTAL
<input checked="" type="checkbox"/>	1 ABILITY TO COMMUNICATE	5			
<input checked="" type="checkbox"/>	1 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP	5			
<input checked="" type="checkbox"/>	1 ABILITY TO REASON AND COMPREHEND	5			
<input checked="" type="checkbox"/>	1 INTEREST AND MOTIVATION	5			
<input type="checkbox"/>	OTHER _____				
<input type="checkbox"/>	OTHER _____				
TOTAL ALLOWABLE POINTS →		100	TOTAL SCORE →		

NYS Department of Labor
Apprentice Training
MAR 11 2016
Central Office

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME All State Fire and Security

SPONSOR ADDRESS 400 Mineral Springs Rd Buffalo NY 14227