



NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: _____

ATP Code: 18-514

SPONSOR Blasters, Drillrunners and Miners Union Local 29		DISTRICT NYC		
NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None) 43-12 Ditmars Blvd, Astoria, New York 11105				
TRADE / OCCUPATION Skilled Construction Craft Laborer		REQUESTED DATE April 25, 2016		
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> GROUP	<input checked="" type="checkbox"/> JOINT <input type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> JAC <input type="checkbox"/> NON - JAC	INDENTURED BY <input type="checkbox"/> EMPLOYER <input checked="" type="checkbox"/> AGENT	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEDERAL

**NEW PROGRAM (EXPLAIN "YES" ANSWERS
IN COMMENTS BELOW)**

Date A.A. Plan _____ / _____ / _____
and Program Copy to DEOD



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

NYS Department of Labor
Apprentice Training

MAY 17 2016

Central Office

Trade
Skilled Construction Craft Laborer
Sponsor Name
Blasters, Drillrunners & Miners Union Local 29
Sponsor's Representative
Anthony Donato
Sponsor Address (No. & Street) (City)
43-12 Ditmars Blvd. Astoria, New York 11105
(County) (State) (Zip Code)
Queens New York 11105
Sponsor Telephone No.
718-278-5800
Proposed Number of Apprentices
1

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLEAT:

Name of School LIUNA LU#17

Address

451 C Little Britain Road

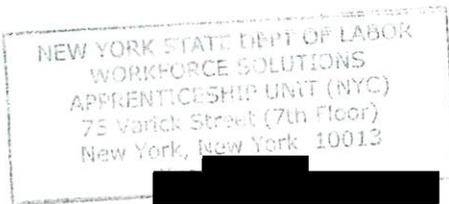
Address

Newburgh, New York 12550

School Representative:

Mark Casey

AT Office Name and Address:



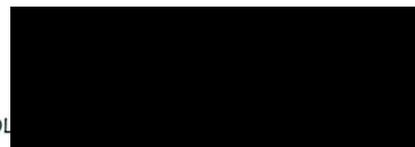
Name and Address of DLEA:

IO: James Deviscio
Orange-Ulster BOCES
39 West Street
Newburgh, N.Y 12550

Apprentice Training Representative:



Signature of DL



Date Prepared:

april 25, 2016

Date Prepared:

5/4/16

AT 8 (05/08)

NYS Department of Labor
Apprenticeship Training Office

MAY 09 2016

NYC

NYS Department of Labor
Apprenticeship Training Office

APR 22 2016

NYC



APR 22 2016 NYS Department of Labor Apprenticeship Training NYC MAY 17 2016

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: Blasters, Drillrunners & Miners Union Local 29

B. Trade(s): Skilled Construction Craft Laborer

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: Blasters, Drillrunners & Miners Union Local 29

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: 43-12 Ditmars Blvd. Astoria, New York 11105 City/Town: Astoria State: NY Zip Code: 11105

G. Email: H. Phone: 718-278-5800 I. Fax: 718-278-8111

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

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? 77

O. 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

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

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
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

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

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:

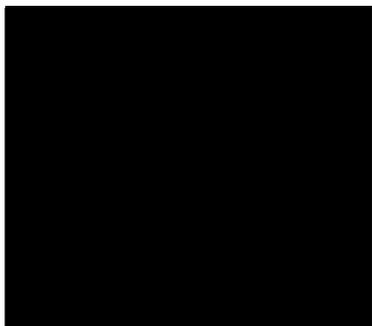
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

Thomas Russo 4/21/2016
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Thomas Russo Business Manager

Sworn to me this: 21 day of April 2016
Constantine Antzoulis
 Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
 Apprenticeship Training Office

APR 22 2016

NYS Department of Labor
 Apprentice Training NYC

MAY 17 2016

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NYS Department of Labor
Apprentice Training

MAY 17 2016



Department
of Labor

New York State Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

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Section I

A. Sponsor name: Blasters, Drillrunners & Miners Union Local 29

B. Trade(s): Skilled Construction Craft Laborer

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: Blasters, Drillrunners & Miners Union Local 29

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: 43-12 Ditmars Blvd. Astoria, New York 11105
City/Town: Astoria State: NY Zip Code: 11105

G. Email: [REDACTED] H. Phone: 718-278-5800 I. Fax: 718-278-8111

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? 77

O. 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.

P. 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.

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
- 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

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

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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

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I certify:

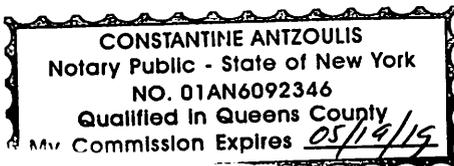
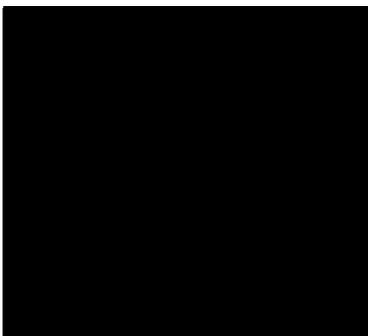
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

Thomas Russo 4/21/16
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Thomas Russo Business Manager

Sworn to me this: 21 day of April 2016 Constantine Antzoulis
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprenticeship Training Office

APR 22 2016

NYS Department of Labor
Apprentice Training

MAY 17 2016

Central Office

APR 22 2016



New York State Department of Labor

Sponsor Information Sheet

NYC
NYS Department of Labor
Apprentice Training

MAY 17 2016

Central Office

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. *SKILLED*

Sponsor Name: <i>Blasters, Drillrunners and Miners Union Local #29</i>		Trade Name: <i>Construction</i>
Name of Entity Completing Form: <i>El Sol Contracting - Construction Corp.</i>		FEIN No.: [REDACTED]
Mailing Address: <i>43-06 54th Rd. Maspeth, NY 11378</i>		NYS Employer Registration (ER) No.: [REDACTED]
Fax No.: <i>718-392-0609</i>	Phone No.: <i>718-392-8800</i>	E-mail Address: [REDACTED]
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Signatory Company serving on the JATC or on the Board of Directors or other governing body For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.		
How many years has your organization been in business? <i>35</i>		
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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.

[Signature]
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

11/04/15
Date

Paul Pomponio, V.P.
Print Name and Title

Sworn to me this: 4th day of November, 2015

Marjorie Alvarado
Signature of Notary Public or Commissioner of Deeds

NYS Department of Labor
Apprenticeship Training
MAY 17 2016
Central Office



NYS Department of Labor
Apprenticeship Training Office

APR 22 2016

NYC



New York State Department of Labor

Sponsor Information Sheet

APR 22 2016
NYS Department of Labor
Apprenticeship Training

MAY 17 2016

Central Office

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.

SKILLED

Sponsor Name: <u>Blasters Millrunners & Meters Union Local 29</u>		Trade Name: <u>Construction</u>	<u>CRAFT</u>
Name of Entity Completing Form: <u>Step Max Contracting Corp</u>		FEIN No.: [REDACTED]	<u>LABORER</u>
Mailing Address: <u>321 Fort Lee Road, Leonia NJ 07605</u>		NYS Employer Registration (ER) No.: [REDACTED]	
Fax No.: <u>201-947-6001</u>	Phone No.: <u>201-947-5252</u>	E-mail Address: [REDACTED]	
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other			
<input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Signatory Company serving on the JATC or on the Board of Directors or other governing body			
For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.			
How many years has your organization been in business? <u>18 years</u>			
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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[Signature]
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

11/16/15
Date

Mano Jacobino, President
Print Name and Title

Sworn to me this: 16th day of November 2015

[Signature]
Signature of Notary Public or Commissioner of Deeds

PATRICE A PACE
 Notary Public, State of New York
 No. 01PA6201864
 Qualified in Dutchess County
 Commission Expires March 02, 2016

NYS Department of Labor
Apprenticeship Training

MAY 17 2016

Central Office

NYS Department of Labor
Apprenticeship Training Office

APR 22 2016

NYC

APR 22 2016



New York State Department of Labor

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- 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.

SKILLED

Sponsor Name: Blasters, Drillrunners and Miners Union Local#29		Trade Name: Construction <i>CRAFT LABORER</i>
Name of Entity Completing Form: The Hallen Construction Co., Inc.		FEIN No.: [REDACTED]
Mailing Address: 4270 Austin Blvd., Island Park NY 11558		NYS Employer Registration (ER) No. [REDACTED]
Fax No.: (516) 432-8406	Phone No.: (516) 432-8300	E-mail Address: [REDACTED]
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Signatory Company serving on the JATC or on the Board of Directors or other governing body For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.		
How many years has your organization been in business? 88		
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

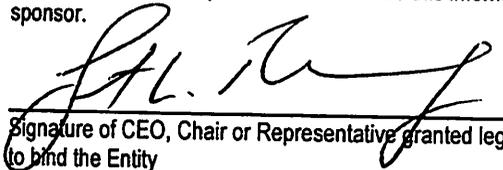
Certification – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise 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

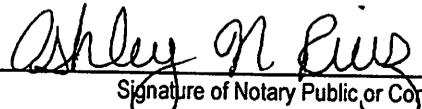
This authorizes the New York State Department of Labor to release any Unemployment Insurance (UI) information it may possess to the Apprenticeship Training Office to verify information and UI compliance in connection with this application or program.

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.


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

11.15.15 
 Date Print Name and Title

Sworn to me this: 15th day of November, 2015


 Signature of Notary Public or Commissioner of Deeds

ASHLEY N. RUIZ
 Notary Public, State of New York
 No. 01RU6217258
 Qualified in Nassau County
 My Commission Expires 02/08/2018

NYS Department of Labor
Apprenticeship Training

MAY 17 2016

Central Office

NYS Department of Labor
Apprenticeship Training Office

APR 22 2016

NYC



Apprentice Training Program Registration Agreement
NYS Department of Labor
Apprentice Training

APR 22 2016

NYC

MAY 17 2016

Revision **NEW PROGRAM** ~~ATP~~ Office
(nature of change)

State Use Only	
AT sponsor no.	
ATP code	18-514
Effective date of AT program	

- Name of sponsor: **BLASTERS DRILLRUNNERS + MINERS UNION LOCAL 29**
- Mailing address: **43-12 PITMARS BLVD ASTORIA NY 11105 QUEENS**
(number & street) (city) (state) (zip code) (county)
- Actual address: (number & street) (city) (state) (zip code) (county)
- Telephone no.: **718-278-5800** **718-278-8111**
(telephone #) (ext. #) (fax #)
- Trade/Occupation: **SKILLED CONSTRUCTION CRAFT LABORER**
- No. employees: **7** No. apprentices: **0** No. journeyworkers: **300** 7. Ratio: **1 to 1**
(non-standard) **1 to 3**
- ISC code: 9. DOT code: **869.463-580** 10. Length of program: **24** months
- Apprentice probationary period: **24 MONTHS** 12. Work process: Standard or Revised
- Minimum journeyworker rate: **\$36.24 per hour** 14. Effective date of wages: **4-15-2016**
- 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"/> H <input checked="" type="checkbox"/> 1000	M <input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> 2000	M <input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> 3000	M <input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> 4000	M <input type="checkbox"/> H <input type="checkbox"/>					
18.12	24.16	30.20	36.24						

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

17. Anthony J. Donato 4/15/16
Signature of official sponsor representative Date
ANTHONY J. DONATO
Print name and title
TRAINING DIRECTOR

18. Thomas Russo 4/15/16
Signature of union representative Date
THOMAS RUSSO
Print name, title, and union name
BUSINESS MANAGER
BLASTERS DRILLRUNNERS + MINERS UNION LOCAL 29

19. _____
Signature New York State Department of Labor Date 11



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

BLASTERS, DRILLRUNNERS & MINERS UNION LOCAL 29, located at
 (Sponsor)
43-12 DITMARS BLVD ASTORIA, NY 11105
 (Address)

is presently accepting applications for an estimated 1 apprentice training positions in
 (No. of openings)
 the occupation of SKILLED CONSTRUCTION CRAFT LABORER
 (Trade)

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

Minimum Qualifications

Minimum age: 18
 Minimum education: HIGH SCHOOL, GED OR TASC
 Physical condition: Be physically able to perform the work required as determined by physical
AGILITY TEST

(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: LIFT, CARRY 25 FEET AND RE-STACK TO A HEIGHT OF APPROXIMATELY 54 INCHES. 10 (TEN) 94 POUND SACK -

Other: MIX 2 BAGS OF MORTAR - PUT IN BUCKETS, LIFT TO MASON ON SCAFFOLD

Other: LOAD WITH SHOVEL BACKFILL MATERIAL INTO A WHEELBARROW, WHEEL 30 FEET AND DEPOSIT INTO A TRENCH (15 FOOT LONG TRENCH)

Application forms may be obtained from:
BLASTERS, DRILLRUNNERS &
 Name: MINERS UNION LOCAL 29
 Address: 43-12 DITMARS BLVD
ASTORIA, NY 11105
 Phone number: (718) 278-5800
 Special instructions: _____

Dates: From: _____ to: _____
 Days: _____
 Times: _____

Email address:

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

See Instructions on Reverse Side

NYS Department of Labor
 Apprenticeship Training Office
 Central Office
 MAY 17 2016
 APR 22 2016
 NYC



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

BLASTERS, DRILLRUNNERS & MINERS UNION LOCAL 29, located at

(Sponsor)
43-12 DITMARS BLVD ASTORIA, NY 11105

(Address)

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

(No. of openings)

the occupation of SKILLED CONSTRUCTION CRAFT LABORER

(Trade)

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

NYS Department of Labor
Apprentice Training

Minimum Qualifications

MAY 17 2016

Minimum age: 18

Minimum education: HIGH SCHOOL, GED OR TASE

Physical condition: Be physically able to perform the work required as determined by physical
AGILITY TEST

(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: COMPACT SOIL USING A VIBRATORY COMPACTION
MACHINE (JUMPING JACK)

Other: BACKFILL 6 FEET AND RE-TAMP - 3 RUNS
BACKFILL ANOTHER 6 FEET AND RE-TAMP - 3 RUNS

Other: PERFORM MATERIAL HANDLING TASKS ON A 10 FOOT
SCAFFOLD - REMOVE BLOCK OFF THE FORKLIFT - THEN RE-STACK
ON FORKLIFT

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

Name: BLASTERS, DRILLRUNNERS & MINERS
UNION LOCAL 29 Days: _____

Address: 43-12 DITMARS BLVD
ASTORIA, NY 11105 Times: _____

Phone number: (718) 278-5800 Email address: _____

Special instructions: _____

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

See Instructions on Reverse Side

Department of Labor
Apprentice Training Office

APR 22 2016

NYC



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

BLASTERS, DRILL RUNNERS + MINERS UNION LOCAL 29, located at
43-12 DITMARS BLVD ^(Sponsor) ASTORIA, NY 11105
 (Address)

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

the occupation of SKILLED CONSTRUCTION CRAFT LABORER
 (Trade)

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

NYS Department of Labor
Apprentice Training

MAY 17 2016

Minimum Qualifications

Minimum age: 18

Minimum education: HIGH SCHOOL, GED OR TASC ^{Central Office}

Physical condition: Be physically able to perform the work required as determined by PHYSICAL AGILITY TEST

(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: PERFORM A ROUTINE INSPECTION TASK INSIDE A MOCK CONFINED SPACE AT THE GAZEBO - FIND THE HIDDEN OBJECT

Other: BREAK UP CONCRETE (5'x10' WITH WIRE) USING A 90 LB. PAVEMENT BREAKER - CLEAN UP AND DISPOSE INTO A CONTAINER

Other: OBSTACLE COURSE WITH BRICK WHEELBARROW - LOAD BRICK, GO THROUGH OBSTACLE COURSE AND UNLOAD - TIME INDIVIDUALS

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

Name: BLASTERS, DRILL RUNNERS + MINERS UNION LOCAL 29 Days: _____

Address: 43-12 DITMARS BLVD ASTORIA, NY 11105 Times: _____

Phone number: (718) 278-5800 Email address: _____

Special instructions: _____

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

See Instructions on Reverse Side

Department of Labor
Apprentice Training Office

APR 22 2016

NYC



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

BLASTERS, DRILLRUNNERS & MINERS UNION LOCAL 29, located at
43-12 DITMARS BLVD ^(Sponsor) ASTORIA, NY 11105
 (Address)

is presently accepting applications for an estimated 1 ^(No. of openings) apprentice training positions in
 the occupation of SKILLED CONSTRUCTION CRAFT LABORER
 (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
 Apprenticeship Training
 MAY 17 2016
 Central Office
 Department of Labor
 Apprenticeship Training Office
 APR 22 2016
 NYC

Minimum Qualifications

Minimum age: 18

Minimum education: HIGH SCHOOL, GED or TASC

Physical condition: Be physically able to perform the work required as determined by physical
AGILITY TEST

(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: TREADMILL - 1 (ONE) MILE AT 3.2 MPH

Other: MUST BE ABLE TO TRAVEL TO AND FROM
JOBSITES

Other: _____

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

Name: BLASTERS, DRILLRUNNERS & MINERS UNION LOCAL 29 Days: _____

Address: 43-12 DITMARS BLVD Times: _____

ASTORIA, NY 11105

Phone number: (718) 278-5800 Email address: _____

Special instructions: _____

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



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATION

Sponsor Code: _____

ATP Code: _____

18-514

NAME OF CANDIDATE	TRADE SKILLED CONSTRUCTION CRAFT LABORER
ADDRESS PLASTERERS, DRILL RUNNERS & MINERS UNION LOCAL 29 43-12 DITMARS BLVD	CITY ASTORIA STATE NY ZIP 11105

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

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

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
20		
20		
20		
20		

TOTAL

WORK EXPERIENCE

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

TOTAL

30		
30		
30		
30		

TOTAL

SENIORITY

- 2 POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM **Central Office**
- OTHER _____

TOTAL

10		
10		
10		

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

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

TOTAL

40		
10		
10		
10		
10		

TOTAL

TOTAL ALLOWABLE POINTS →

100	TOTAL SCORE →
------------	---------------

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME **PLASTERERS, DRILL RUNNERS & MINERS UNION LOCAL 29**

SPONSOR ADDRESS **43-12 DITMARS BLVD ASTORIA, NY 11105**

NYS Department of Labor
Apprenticeship Training Office

APR 22 2016

NYC

Blasters, Drillrunners and Miners Union
Local #29
43-12 Ditmars Blvd.
Astoria, N.Y. 11105

Department of Labor
Apprentice Training

APR 22 2016

MAY 17 2016

NYC

(718) 278-5800

NON-DISCRIMINATION PLAN
Central Office (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: Anthony J. Donato

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

4, 15, 16
Date