



New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor Bricklayers & Allied Craftworkers JAC Local #2 (Syracuse)		District Central
Name, local no. and address of union (If none, write none) 7705 Maltlage Drive, Liverpool NY 13090		
Trade/Occupation Tile Setter ([REDACTED])		Requested date
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Joint	<input checked="" type="checkbox"/> JAC
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Non-Joint	<input type="checkbox"/> Non-JAC
Indentured by:		<input checked="" type="checkbox"/> State
<input type="checkbox"/> Employer		<input checked="" type="checkbox"/> Agent
		<input type="checkbox"/> Federal

New program (explain "Yes" answers in Comments below)

Date A.A. plan





New York State Department of Labor
Apprentice Training Program Registration Agreement

REVISION _____
nature of change

STATE USE ONLY	
AT Sponsor No.	[REDACTED]
ATP Code	1 6 - 2 2 6
Effective date of AT Program	

1. Name of Sponsor Bricklayers & Allied Craft Workers JAC Local #2 (Syracuse)
2. Mailing Address 7705 Maltlage Drive Liverpool NY 13090 Onondaga
(Number & Street) (City) (State) (Zip Code) (County)
3. Actual Address same
(Number & Street) (City) (State) (Zip Code) (County)
4. Phone (315) 622-2081 Syr Ext: _____ Fax (315) 622-2082 Syr
5. Trade / Occupation Tile Setter
6. No. Employees _____ No. Apprentices _____ No. Journeyworkers 47 7. Ratio 1:1:1:4
(Non-Standard) Months
8. ISC Code _____ 9. DOT Code 8 6 1 - 3 8 1 - 0 5 4 10. Length of Program 3 6
11. Apprentice Probationary Period 9 months 12. Work Process: Standard X or Revised _____
13. Minimum Journeyworker Rate \$ 28.23 per hour 14. Effective Date of Wages 07/01/15

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

1	2	3	4	5	6	7	8	9	10
M _____	M _____	M _____	M _____	M _____					
H <u>1000</u>	H _____	H _____	H _____	H _____					
60%	70%	80%	85%	90%	95%				

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

17. Luke P. Renna 3/24/16
 Signature of the Official Sponsor Representative Date
Luke P. Renna, Field Rep.
 Print Name and Title of Official Sponsor Representative

18. Todd Helfrich 3/31/16
 Signature of the Employer Representative Date
Todd Helfrich, Managing Director
 Print Name, Title and Employer
Eastern Contractors Assn., Inc.

19. _____
 Signature of New York State Department of Labor

 Date

NYS Department of Labor
 Apprentice Training
 MAY 09 2016
 Central Office



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor
Apprentice Training

MAY 09 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.

Sponsor Name: <u>Bricklayers + Allied Craftworkers Local #2 JATC</u>		Trade Name: <u>TILE SETTER</u>	
Name of Entity Completing Form: <u>Pat Tirino JATC</u> <u>Director</u>		FEIN No.: [REDACTED]	
Mailing Address: <u>302 Centre Dr. Albany NY 12203</u>		NYS Employer Registration (ER) [REDACTED]	
Fax No.: <u>(518) 456-7420</u>	Phone No.: <u>(518) 456-5477</u>	E-mail Address: [REDACTED]	
Type of Entity (Mark primary function): <input 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 checked="" 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>20 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 checked="" type="checkbox"/> No <input 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"/>



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor
Apprentice Training

MAY 09 2016

Central Office

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- You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Sponsor Name: <u>Bricklayers & Allied Craftworkers Local #2 JATC</u>		Trade Name: <u>TILE SETTER</u>
Name of Entity Completing Form: <u>Bob Mantello, President</u>		FEIN No. [REDACTED]
Mailing Address: <u>302 Centre Dr. Albany NY 12203</u>		NYS Employer Registration (ER) [REDACTED]
Fax No.: <u>(518) 456-7420</u>	Phone No.: <u>(518) 456-5477</u>	E-mail Address [REDACTED]
Type of Entity (Mark primary function): <input 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 checked="" 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		
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How many years has your organization been in business? <u>20 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 checked="" type="checkbox"/> No <input 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"/>
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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.

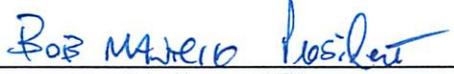
The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or signatory or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes 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

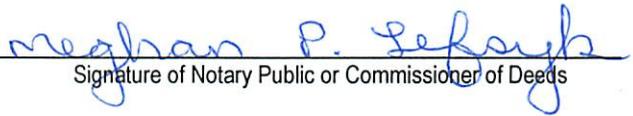
4/11/16

Date



Print Name and Title

Sworn to me this: 11 day of APRIL 2016



Signature of Notary Public or Commissioner of Deeds

MEGHAN P. LEFSYK
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LE6250317
Qualified in Schenectady County
My Commission Expires October 24, 2019

NYS Department of Labor
Apprentice Training

MAY 09 2016

Central Office



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MAY 09 2016

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Name of Entity Completing Form: <u>Bob Mantello President</u>		FEIN No.: [REDACTED]	
Mailing Address: <u>302 Centre Dr. Albany NY 12203</u>		NYS Employer Registration (ER) No [REDACTED]	
Fax No.: <u>(518) 456-7420</u>	Phone No.: <u>(518) 456-5477</u>	E-mail Address [REDACTED]	
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How many years has your organization been in business? <u>20 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"/>
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If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Signature of CEO, Chair or Representative granted legal authority to bind the Entity

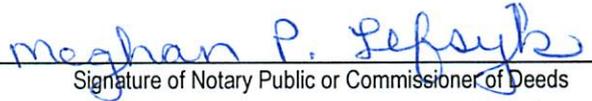
4/11/16

Date

Bob M... President

Print Name and Title

Sworn to me this: 11 day of APRIL 2016



Signature of Notary Public or Commissioner of Deeds

MEGHAN P. LEFSYK
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LE6250317
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Apprentice Training

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Sponsor Name: <u>Brockhays & Allied Craftworkers #2 SAC 5yr.</u>		Trade Name: <u>Tila Setter</u>
Name of Entity Completing Form: <u>THOMAS J. MARINELLO</u>		FEIN No.: [REDACTED]
Mailing Address: <u>142 CATHERINE ST. ALBANY, N.Y. 12202</u>		NYS Employer Registration (ER) No.: [REDACTED]
Fax No.: <u>518-449-1717</u>	Phone No.: <u>518-449-1717</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"/> 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		
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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"/>
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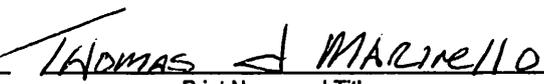
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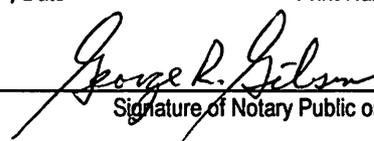


Signature of CEO, Chair or Representative granted legal authority to bind the Entity

4/4/16 

Date Print Name and Title

Sworn to me this: 4 day of April 2016



Signature of Notary Public or Commissioner of Deeds

GEORGE R. GIBSON
Notary Public, State of New York
Qualified in Albany County
My Commission Expires 1/31/18

NYS Department of Labor
Apprenticeship Training

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New York State Department of Labor

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Apprentice Training

MAY 09 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.

Sponsor Name: Bricklayers Local #2 [REDACTED] JATC		Trade Name: T. La Sella [REDACTED]
Name of Entity Completing Form: Eastern Contractors Association, Inc. - Todd Helfrich		FEIN No.: [REDACTED]
Mailing Address: 6 Airline Drive, Albany, NY 12205		NYS Employer Registration (ER) No [REDACTED]
Fax No.: (518) 869-2378	Phone No.: (518) 869-0961	E-mail Address: [REDACTED]
Type of Entity (Mark primary function): <input 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 checked="" 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? 125+		
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 checked="" type="checkbox"/> No <input 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? If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 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.



03/31/2016

Todd G. Helfrich
President

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

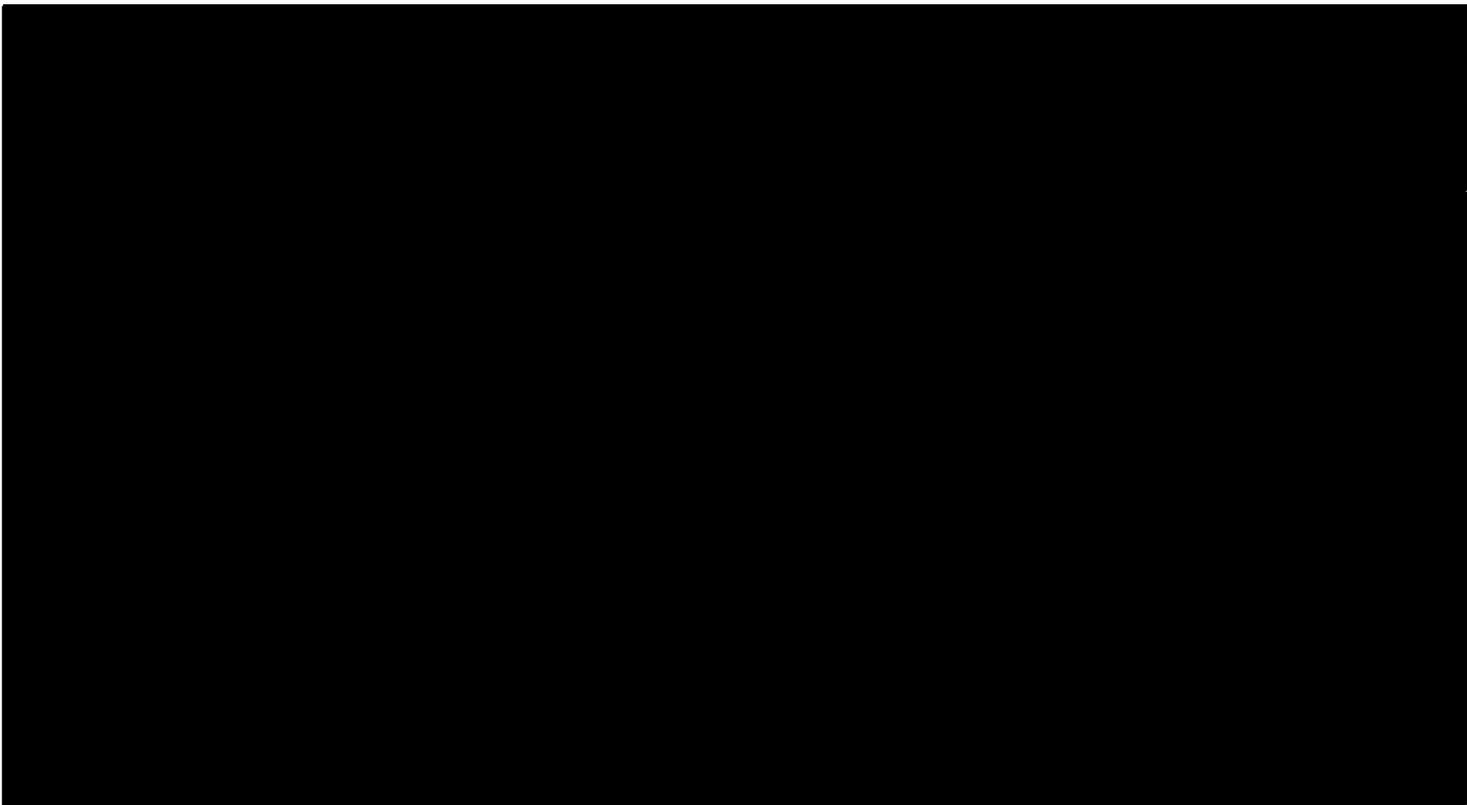
Date

Print Name and Title

Sworn to me this: 31 day of March



Signature of Notary Public or Commissioner of Deeds



JUDITH M. FLOOF
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01PL6103134
QUALIFIED IN ALBANY COUNTY
MY COMMISSION EXPIRES DEC. 15, 2019



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Title Tile Setter [REDACTED]		
Sponsor Name Bricklayers & Allied Craftworkers JAC Local #2		
Sponsor's Representative Luke Renna Jr.		
Sponsor Address (No. & Street) 7705 Maltlage Drive		(City) Liverpool
(County) Onondaga	(State) NY	(Zip Code) 13090
Sponsor Telephone No. 315-622-2081		
Proposed Number of Apprentices 1		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School
BAC Local #2

Address
7705 Maltlage Drive

Address
Liverpool NY 13090

School Representative:
Luke P. Renna Jr.

Name and Address of DLEA:

MR. JOHN DITTMANN, PRINCIPAL
SIDNEY JOHNSON VOC CENTER
573 E. GENESEE STREET
SYRACUSE NY 13202

AT Office Name and Address:

New York State Department of Labor
450 S. Salina Street, Room 203
Syracuse NY 13202

Apprentice Training Representative: [REDACTED]

Signature of DLEA: [REDACTED]

Date Prepared: 3/25/2016

Date Prepared:

AT 8 (05/08)

International Masonry Institute
Training Center
17101 Science Drive
Bowie MD 20715

NYS Department of Labor
Apprentice Training

MAY 09 2016

Central Office



New York State Department of Labor 450 S Salina St, Syracuse NY 13202

Please send to your regional DOL office:

NYS Department of Labor Apprentice Training MAY 09 2016

Apprenticeship Agreement

Sponsor No. [redacted] ATP Code 16-226

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include: Name of Apprentice (Last, First, M.I.), Social Security Number, Name of Program Sponsor, Physical address of Program Sponsor, City, County, State, Zip code, Mailing address of Program Sponsor, Trade (Time-based, Competency-based, Hybrid), Start Date, Length of program (Months), DOL Apprentice Probation Period for Completion Rates (Months), RI Compensated (Yes/No), Minimum Journey-Worker Rate, Credit for previous training or experience.

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

Table with 10 columns representing periods. Row 1: 1000, 1000, 1000, 1000, 1000, 1000, [blank], [blank], [blank], [blank]. Row 2: 60%, 70%, 80%, 85%, 90%, 95%, [blank], [blank], [blank], [blank].

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

Signatures and dates of Apprentice and Parent/Guardian (4/21/16) and Official Sponsor Representative (Luke P. Benna Jr., 4/21/16).

State Use Only box for registration: To ATC, To DLEA, Rank Verify, Data Entry.

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training, Terminated for Cause, Quit, Layoff, Program Termination, Transfer.

Completion or Termination Date

Comments

State Use Only box for completion/termination: To ATC, To DLEA, Data Entry, Date, Init.

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: [blank]. Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative, Date, Print Name

State Use Only box for RI completion: To ATC, To DLEA, Data Entry, Date, Init.

Must be returned within 30 days of receipt



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

Bricklayers & Allied Craftworkers JAC #2 (Syracuse)

located at

(Sponsor) 7705 Mallage Drive Liverpool NY 13090

(Address)

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

the occupation of Tile Setter (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 GED

Physical condition: Be physically able to perform the work required as determined by ability to lift 50-100 lbs. verified through applicant's 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 have reliable transportation to and from job sites and classes of related instruction. Must be a six-month resident of Local #2's jurisdiction. Counties of: Hamilton, Montgomery, Albany, Schenectady, Rensselaer, Saratoga, Essex, Franklin,

Other: Warren, Washington, Clinton, Columbia, Greene, Schoharie, Oneida, Herkimer, Madison, Lewis, Onondaga, Cayuga, Oswego, Jefferson and St. Lawrence.

Other: Must have valid driver's license to operate company vehicles.

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

Name: Bricklayers & Allied Craftworkers Local #2 Days: First Thursday of each month*

Address: 7705 Mallage Drive Times: 12:00 Noon - 6:00 p.m.

Liverpool NY 13090

Phone number: (315) 622-2081 Email address:

Special instructions: *except on holidays, there will be no recruitment for that month. For more information, call 315-622-2081, or call to request an application.

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



**NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS**

16-226

NAME OF CANDIDATE	TRADE Tile Setter
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
TOTAL	30			TOTAL
	10			
	10			
	10			

WORK EXPERIENCE

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

TOTAL	30			TOTAL
	20			
	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

- 0-5 ABILITY TO COMMUNICATE
- 0-14 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 0-5 ABILITY TO REASON AND COMPREHEND
- 0-16 INTEREST AND MOTIVATION
- OTHER _____
- OTHER _____

TOTAL	40			TOTAL
	5			
	14			
	5			
	16			

TOTAL ALLOWABLE POINTS

➔ 100	TOTAL SCORE ➔	
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RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME Bricklayers and Allied Craftworkers Local 2 Syracuse JAC

NYS Department of Labor
Apprentice Training

SPONSOR ADDRESS 7705 Mallage Drive, Liverpool NY 13090

MAY 09 2016