



NEW YORK STATE  
DEPARTMENT OF LABOR  
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: \_\_\_\_\_

ATP Code: 89-550

SPONSOR Creative Environment Solutions (CES) Corp.		NYS Department of Labor Apprentice Training		DISTRICT NYC
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) None				JUN 09 2016
TRADE / OCCUPATION Site Safety Manager			Central Office	REQUESTED DATE 6-2-2016
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP	<input type="checkbox"/> JOINT <input checked="" type="checkbox"/> NON - JOINT	<input type="checkbox"/> JAC <input checked="" type="checkbox"/> NON - JAC	INDENTURED BY <input checked="" type="checkbox"/> EMPLOYER <input type="checkbox"/> AGENT	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEDERAL

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



New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision  **NEW PROGRAM**  
(nature of change)

State Use Only		
AT sponsor no.		
ATP code	89-550	
Effective date of AT program		

- Name of sponsor: Creative Environment Solutions (CES) Corp.
- Mailing address: 39 West 37th Street, 14th Floor, New York, New York 10018 New York  
(number & street) (city) (state) (zip code) (county)
- Actual address: 39 West 37th Street, 14th Floor, New York, New York 10018 New York  
(number & street) (city) (state) (zip code) (county)
- Telephone no.: (212) 290-6323 (212) 290-6325  
(telephone #) (ext. #) (fax #)
- Trade/Occupation: Site Safety Manager
- No. employees: 100 No. apprentices: 3 No. journeyworkers: 10 7. Ratio: 1:1, 1:1  
(non-standard)
- ISC code: N/A 9. DOT code: 168.167-062 10. Length of program: 24 months
- Apprentice probationary period: 6 mo 12. Work process: Standard  or Revised
- Minimum journeyworker rate: \$ 55.00 per hour 14. Effective date of wages: 05/02/2016
- 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 type="checkbox"/> 12	M <input checked="" type="checkbox"/> H <input type="checkbox"/> 12	M <input checked="" type="checkbox"/> H <input type="checkbox"/>	M <input checked="" type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>					
\$10.00/hr	\$15.00/hr								

- The sponsor agrees to comply with the provisions on this side and on the reverse side of this agreement.
- Signature of official sponsor representative Mark Drozdov, SVP/ Technical Director 05 / 02 / 16  
Date

Signature of official sponsor representative (additional signatory) Elena Khvorenkov, Training Manager 05/02/16  
Date

Print name and title
- Signature of union representative \_\_\_\_\_ / /  
Date

Print name, title, and union name \_\_\_\_\_
- Signature New York State Department of Labor \_\_\_\_\_ / /  
Date

AT 10 (07-10)

NYS Department of Labor  
Apprentice Training

NYS Department of Labor  
Apprenticeship Training Office

JUN 09 2016

MAY 23 2016

Central Office

NYC



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Trade
Site Safety Manager
Sponsor Name
Creative Environment Solutions (CES) Corp.
Sponsor's Representative
Mark Drozdov
Sponsor Address (No. & Street) (City)
39 West 37th Street, 14th Floor, New York
(County) (State) (Zip Code)
New York New York 10018
Sponsor Telephone No.
(212) 290-6323
Proposed Number of Apprentices
3

AT Office Name and Address:  
New York State Dept of Labor Workforce Solutions  
Apprenticeship Unit (NYC)  
75 Varick Street (7th Floor)  
New York, NY 10013

Apprentice Training Representative:

Date Prepared:

10-14-2015

AT 8 (05/08)

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School CES Environmental & Safety  
Training Center  
Address 39 West 37th Street, 14th Floor  
New York, New York 10018  
Address

School Representative: David Drozdov  
Training Director

Name and Address of DLEA:

New York City Dept. of Education  
Brooklyn Adult Learning Center  
475 Nostrand Avenue - Room # 125  
Brooklyn, NY 11216

Joan Mosely

Signature of DLEA

Date Prepared:

NYS Department of Labor  
Apprentice Training

JUN 09 2016

Central Office

NYS Department of Labor  
Apprenticeship Training Office

MAY 23 2016

NYC



NYS Department of Labor
Apprentice Training

JUN 09 2016

Central Office

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: Creative Environment Solutions (CES) Corp.

B. Trade(s): Site Safety Manager

C. Type of Apprenticeship Training Program (check one):

- 1. [checked] 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: Creative Environment Solutions (CES) Corp.

E. Entity completing this form (check one):

- [checked] 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: 39 West 37th Street, 14th Floor

City/Town: New York State: NY Zip Code: 10018

G. Email: [redacted] H. Phone: (212) 290-6323 I. Fax: (212) 290-6325

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? [checked] Yes [ ] No

M. Type of Entity (check one and provide attachments as noted in the instructions):
[checked] Corporation [ ] Partnership [ ] Sole-Proprietor [ ] LLC [ ] LLP [ ] Other

N. How many years has your organization been in business? 24

O. Within the past five (5) years, have you done business under a different name? [ ] Yes [checked] 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 [checked] 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 [checked] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [ ] Yes [checked] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [ ] Yes [checked] No

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

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?.....  Yes  No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?.....  Yes  No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?.....  Yes  No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?.....  Yes  No  
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?.....  Yes  No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?.....  Yes  No  
 b. If 'Yes', was the violation determined to be willful?.....  Yes  No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?.....  Yes  No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?.....  Yes  No

**After completing Sections I and II, you must sign Section III, and have it notarized.**

**Section III**

**Certification** – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

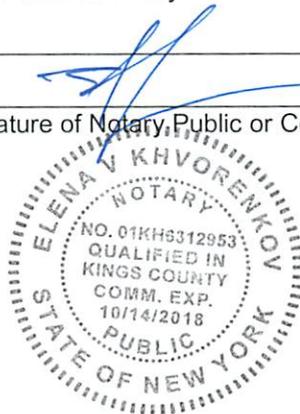
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date 05/18/2016

Print name and title: Mark Drozdov, SVP/ Technical Director

Sworn to me this: 18<sup>th</sup> day of May, 2016 Signature of Notary, Public or Commissioner of Deeds \_\_\_\_\_





New York State Department of Labor

Please send to your regional DOL office:

Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 89-550

NYS Department of Labor Apprenticeship Training

JUN 09 2016

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Khvorenkov, Igor		1. Name of Program Sponsor Creative Environment Solutions (CES) Corp	
[Redacted]		Physical address of Program Sponsor (no. and street) 39 West 37th Street, 14th Floor	
		City New York	County Manhattan
[Redacted]		Mailing address of Program Sponsor (no. and street) 39 West 37th Street, 14th Floor	
		City New York	County Manhattan
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CES Environmental & Safety Training Center - 39 W37th St, NY, NY 10018		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid	
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)		7. Minimum Journey-Worker Rate \$55.00	

NYS Department of Labor Apprenticeship Training Office

MAY 28 2016

NYC

9. Apprentice Wage Progression (Without Benefits) for each Period – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one:  Months  Hours  Points  Sections

1	2	3	4	5	6	7	8	9	10
12 months	12 months								
\$10.00	\$15.00								

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

Signature of Apprentice and Parent/Guardian if age 16-17 \_\_\_\_\_ Date 05,12,16

Signature of Official Sponsor Representative \_\_\_\_\_ Date 5,12,16

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
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 (Explain in Comments)  Quit  Layoff (Lack of Work)  Program Termination  Transfer

Completion or Termination Date \_\_\_\_\_

Comments \_\_\_\_\_

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Signature of Official Sponsor Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Must be returned within 30 days of receipt



New York State Department of Labor

Please send to your regional DOL office:

Print Form

Apprenticeship Agreement

NYS Department of Labor Apprenticeship Training

JUN 09 2016

Sponsor No. \_\_\_\_\_ ATP Code 89-550

I. Apprenticeship Agreement

1. Name of Apprentice (Last, First, M.I.) Styagov, Alexander		2. Name of Program Sponsor Creative Environment Solutions (CES) Corp	
3. Physical address of Program Sponsor (no. and street) 39 West 37th Street, 14th Floor		4. City County State Zip code New York Manhattan New York 10018	
5. Mailing address of Program Sponsor (no. and street) 39 West 37th Street, 14th Floor		6. City County State Zip code New York Manhattan New York 10018	
7. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid			
8. Site Safety Manager			
9. 3. Start Date		4. Length of program (Months) 24	5. DOL Apprenticeship Probation Period for Completion Rates (Months) 6
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CES Environmental & Safety Training Center - 39 W37th St, NY, NY 10018		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$55.00
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)			

9. Apprenticeship Wage Progression (Without Benefits) for each Period - in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one:  Months  Hours  Points  Sections

1	2	3	4	5	6	7	8	9	10
12 months	12 months								
\$10.00	\$15.00								

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

Signature of Apprentice and Parent/Guardian if age 16-17: \_\_\_\_\_ Date: 5/12/2016

Signature of Official Sponsor Representative: \_\_\_\_\_ Date: 5/12/16

Registered by the New York State Department of Labor: \_\_\_\_\_

Signature New York State Department of Labor: \_\_\_\_\_ Date: / /

State Use Only	
Date	Init.
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 (Explain in Comments)  Quit  Layoff (Lack of Work)  Program Termination  Transfer

Completion or Termination Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Official Sponsor Representative: \_\_\_\_\_ Date: / / Print Name: \_\_\_\_\_

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_

Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative: \_\_\_\_\_ Date: / / Print Name: \_\_\_\_\_

State Use Only	
Date	Init.
To ATC	_____
To DLEA	_____
Data Entry	_____

Must be returned within 30 days of receipt



New York State Department of Labor

Please send to your regional DOL office:

Print Form

NY State Department of Labor  
Apprentice Training  
JUN 09 2016

Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 89-550

Central Office

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Kramerman, Marat		1. Name of Program Sponsor Creative Environment Solutions (CES) Corp	
[Redacted]		Physical address of Program Sponsor (no. and street) 39 West 37th Street, 14th Floor	
		City New York	County Manhattan
		State New York	Zip code 10018
Mailing address of Program Sponsor (no. and street) 39 West 37th Street, 14th Floor		City New York	
		County Manhattan	State New York
		Zip code 10018	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid		Site Safety Manager	
3. Start Date	4. Length of program (Months) 24	5. DOL Apprentice Probation Period for Completion Rates (Months) 6	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CES Environmental & Safety Training Center - 39 W37th St, NY, NY 10018		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$55.00
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)			

9. Apprentice Wage Progression (Without Benefits) for each Period – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one:  Months  Hours  Points  Sections

1	2	3	4	5	6	7	8	9	10
12 months	12 months								
\$10.00	\$15.00								

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

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 05/12/2016

Signature of Official Sponsor Representative: [Signature] Date: 5/12/16

State Use Only		
Date	Init.	
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 (Explain in Comments)  Quit (Lack of Work)  Layoff (Lack of Work)  Program Termination  Transfer

Completion or Termination Date \_\_\_\_\_  
Comments \_\_\_\_\_

State Use Only		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of Official Sponsor Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

III. RI Completion

STATE USE ONLY

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

State Use Only		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Must be returned within 30 days of receipt

MAY 23 2016

NYC

JUN 09 2016

**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: \_\_\_\_\_

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

05 / 02 / 2016



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

Creative Environment Solutions (CES) Corp.

\_\_\_\_\_ , located at  
(Sponsor)  
39 West 37th Street, 14th Floor, New York, NY 10018

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in  
(No. of openings)

the occupation of Site Safety Manager

(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*

**JUN 09 2016**

**Minimum Qualifications**

Minimum age: 18

Minimum education: GED/ TASC/High School Diploma

*Central Office*

Physical condition: Be physically able to perform the work required as determined by the construction conditions.  
Must be physically fit to be able to personally walk and inspect all areas of a construction project, including ladders, scaffolding, roofs, etc. Must be able to communicate verbally and in writing any safety issues and develop/implement corrective actions.

(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 various work sites and related instruction.

Other: Must be willing to work flexible hours (Weekends are required, as needed)

Other: Must be legally eligible to work in the U.S.

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

Name: David Drozdov Days: The first Monday of each month

Address: 39 West 37th Street, 14th Floor Times: 9:00 to 12:00

New York, NY 10018

Phone number: ( 212 ) 290-6323 Email address: 

Special instructions: all the applications must be filled out on the premises

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: 89-550

NAME OF CANDIDATE		TRADE Site Safety Manager	
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

		MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
<b>EDUCATIONAL ACHIEVEMENT</b>		30		
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	6		
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	4		
<input checked="" type="checkbox"/>	2 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED	4		
<input checked="" type="checkbox"/>	2 OTHER Undegraduate or Graduate Degree	16		
<b>TOTAL</b>		30		
<b>WORK EXPERIENCE</b>		14		
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE	6		
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE	10		
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE			
<input type="checkbox"/>	OTHER _____			
<b>TOTAL</b>		10		
<b>SENIORITY</b>		0		
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM			
<input type="checkbox"/>	OTHER _____			
<b>TOTAL</b>		0		
<b>JOB APTITUDE</b>				
<input type="checkbox"/>	SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH _____ MEDIUM _____ LOW _____			
<input type="checkbox"/>	NAME OF ALTERNATIVE APTITUDE TEST: _____			
<input type="checkbox"/>	ADMINISTERED BY _____			
<input type="checkbox"/>	OTHER _____			
<b>TOTAL</b>		30		
<b>ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE</b>		8		
<input checked="" type="checkbox"/>	2 ABILITY TO COMMUNICATE	8		
<input checked="" type="checkbox"/>	2 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP	8		
<input checked="" type="checkbox"/>	2 ABILITY TO REASON AND COMPREHEND	6		
<input checked="" type="checkbox"/>	2 INTEREST AND MOTIVATION			
<input type="checkbox"/>	OTHER _____			
<input type="checkbox"/>	OTHER _____			
<b>TOTAL</b>		100		

TOTAL ALLOWABLE POINTS →

TOTAL SCORE →

EVALUATED BY \_\_\_\_\_

DATE \_\_\_\_\_

RANK \_\_\_\_\_

SPONSOR NAME

Creative Environment Solutions (CES) Corp.

SPONSOR ADDRESS

39 West 37th Street, 14th Floor, New York, New York 10018

AT 508 (07-06)

NYS Department of Labor  
Apprentice Training

NYS Department of Labor  
Apprenticeship Training Office

JUN 09 2016

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Central Office

NYC