



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code 17-072
Effective Date of AT Program

- 1. Name of Sponsor: Diaz Electric of New York Inc.
2. Mailing Address: 247 Prospect Ave Brooklyn NY 11215 Kings
3. Actual Address: 247 Prospect Ave Brooklyn NY 11215 Kings
4. Telephone No.: [Redacted] Ext. Fax No.: [Redacted]
5. E-mail Address: [Redacted]
6. Trade/Occupation: Electrician
7. No. Employees: 4 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1,1:3
9. DOT Code: 824.261.010 10. Length of Program: 60 months
11. Apprentice Probationary Period: 12 Months 12. Work process: Standard [X] or Revised []
13. Minimum Journeyworker Rate: \$25 per hr 14. Effective Date of Wages: 06/27/2016

15. Apprentice wage progression for each period – in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M/H, 1640, \$). Row 1: M [], M []. Row 2: H [X], H [X], H [X], H [X], H [X], H [], H [], H [], H [], H []. Row 3: \$15, \$16, \$17, \$18, \$19, [], [], [], [], [].

NYS Department of Labor Apprenticeship Training Office

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NYC

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

17. Signature of Official Sponsor Representative: Ana Diaz, Date: 6/27/16, Signature of Union Representative, Date, Print Name and Title: Ana Diaz, PRESIDENT, Additional Signature Representative: A. Jacqueline Caputo, VP, Title, Date: 6/27/16

19. Signature New York State Department of Labor, Date

NYS Department of Labor Apprenticeship Training

JUL 07 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: Diaz Electric of New York Inc.
- B. Trade(s): Electrician
- 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: Diaz Electrician of New York Inc.
- 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: 247 Prospect Ave , Suite 4P
 City/Town: Brooklyn State: Ny Zip Code: 11215
- G. Email: [REDACTED] H. Phone: [REDACTED] I. Fax: [REDACTED]
- J. Federal Employer Identification Number (FEIN): [REDACTED]
- K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
- L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?..... 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? 4
- O. 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.
- 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 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

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

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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: A. Jacqueline Caputo Date: 6/27/16

Print name and title: A. Jacqueline Caputo, Vice President.

Sworn to me this: 27th day of June, 2016 Signature of Notary Public or Commissioner of Deeds: Evelyn Marrero



EVELYN MARRERO
 Notary Public, State of New York
 No. 01MA6183593
 Qualified in Kings County
 Commission Expires March 17, 2020

NYS Department of Labor
 Apprentices Training
 Commission Expires March 17, 2020
 JUL 07 2016



Sponsor Code _____
Trade Code 17-072

Related Instruction Availability

Trade: Electrician

Sponsor Name: Diaz Electric of New York Inc.

Sponsor Representative: Ana Diaz

Sponsor Address:

No. & Street: 247 Prospect Ave, Suite 4P City: Brooklyn

County: Kings State: NY Zip Code: 11215

Sponsor Telephone No.: [REDACTED]

Proposed Number of Apprentices: 1

AT Office

Name: New York Department of Labor, Workforce Development and Training Division

No. & Street: 75 Varick Street

City: New York State: NY Zip Code: 10013

Apprentice Training Representative: [REDACTED] Date Prepared: 06/27/2016

Related instruction is **not** available.

NYS Department of Labor
Apprenticeship Training Office

Related instruction is available at:

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School

Name: Orisa Corporation at SUNY Maritime College NYC

No. & Street: 6 Pennyfield Ave

City: Fort Schuyler Bronx State: NY Zip Code: 10465

School Representative: Charles Smith

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative: _____

DLEA

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Signature of DLEA [REDACTED] Date Prepared: _____

AT 8 (6-16)

NYS Department of Labor
Apprenticeship Training

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Apprenticeship Agreement

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I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, M.I.) Owens Desirae A	Social Security Number [REDACTED]	1. Name of Program Sponsor Diaz Electric of New York Inc. NYC			
[REDACTED]		Physical address of Program Sponsor (no. and street) 247 Prospect Ave, Suite 4P			
		City Brooklyn	County Kings	State NY	Zip code 11215
		Mailing address of Program Sponsor (no. and street) 247 Prospect Ave, Suite 4P			
		City Brooklyn	County Kings	State NY	Zip code 11215
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid		Electrician			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____	3. Start Date	4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12		
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Orisa Corporation at SUNY Maritime College 6 Pennyfield Ave, Fort Schuyler Bronx, NY 10465		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate 25 per hour		
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <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. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640					
\$15	\$16	\$17	\$18	\$19					

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

Desirae Owens 6/27/16 *A. Jacob* 6/27/16
 Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
To ATC 6-28-16	[REDACTED]
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	



New York State Department of Labor

NYS Department of Labor
Apprenticeship Training Office

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NYC

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 17-072

Diaz Electric of New York Inc., located at _____

(Sponsor)

NYS Department of Labor
Apprentice Training

247 Prospect Ave, Suite 4P, Brooklyn, NY 11215

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in

(No. of Openings)

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the occupation of Electrician

(Trade)

Central Office

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 Test Assessing Secondary Completion (TASC)

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

Must be able to perform the work of an electrician and is physical fit. See below for detailed information.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other:

Must be able to climb and work from ladders and scaffolds of various heights. Also crawling and working in confined spaces such as attics, manholes and crawl spaces. Must be able to lift 25 pounds of objects frequently.

Other:

Must be able to read and understand English. Must be able to hear and understand instructions and warnings. Must be able to pass a drug test, at the expense of the sponsor, after selection and prior indenture.

Other:

Must be willing to attend all related classroom training as required to complete apprenticeship. Must be able to travel to various job sites within all five boroughs and to the all related classroom training. Must have your own electrical tools.

Application Forms May be Obtained From:

Dates: From: _____ To: _____

Name: Diaz Electric of New York Inc.

Days: _____

Address:

247 Prospect Ave, Suite 4P
Brooklyn, NY 11215

Times: _____

Phone Number: [REDACTED]

Email Address: [REDACTED]

Special Instructions:

All Applications Must be (please check) Received Postmarked no Later Than: _____



Selection Standards and Evaluations

Name of Candidate	Trade Electrician		
Address	City	State	Zip

Only those checked apply.	Total	Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement <input checked="" type="checkbox"/> 2 Points for Each Year of Educational Past Grade ¹² or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Year of Related Technical Education Past Grade ¹² or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____		25			
		10			
		10			
		5			
Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 2 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____		25			
		10			
		10			
		5			
Seniority <input checked="" type="checkbox"/> 2 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____		10			
		10			
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> Other _____					
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 2 Ability to Communicate <input checked="" type="checkbox"/> 2 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 2 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 2 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		40			
		10			
		10			
		10			
		10			

Total Allowable Points



100	Total Score →	
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Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Diaz Electric of New York Inc.

Sponsor Address 247 Prospect Ave, Suite 4P Brooklyn, NY 11215



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Non-Discrimination Plan (Short Form)

NYC

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; and/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 Apprenticeship Director **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, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, attached.

D. **Recruitment:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) 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 Job Bank (www.newyork.us.jobs/).
- 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 sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: A. Jacqueline Capriles 6/27/16
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

A. Jacqueline Capriles, Vice President

Print Name and Title

Approved by: _____
NYS Department of Labor Date

Sponsor Name Diaz Electric of New York Inc. Sponsor Code _____ No. of Apprentices 1

Trade(s) Electrician Trade Code(s) 17-072

NYS Department of Labor
Apprentice Training

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