



NYS Department of Labor
Apprentice Training

JUN 28 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: Diemolding Corporation
- B. Trade(s): PM Mechanic [REDACTED] Mold Maker
- 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: Diemolding Corporation
- 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: P.O. Box 26
 City/Town: Wampsville State: NY Zip Code: 13163
- G. Email: [REDACTED] H. Phone: (315) 363-4710 I. Fax: (315) 363-1873
- 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? 95
- 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.

JUN 28 2016

- 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.

James R. Morin 05-17-2016
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: James R. Morin, General Manager

Sworn to me this: 17 day of May 2016 *Tracy English*
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Data Stamp

TRACY ENGLISH
 Notary Public, State of New York
 Registration #01EN6294012
 Qualified In Madison County
 Commission Expires December 18, 2017



NYS Department of Labor
Apprentice Training

JUN 28 2016

New York State
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- 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: UAW Local 1060
- 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: 5005 Spring Rd
 City/Town: Verona State: NY Zip Code: 13478
- G. Email: [REDACTED] H. Phone: (315) 363-4710 I. Fax: (315) 363-1873
- J. Federal Employer Identification Number (FEIN): [REDACTED]
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JUN 28 2016

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- 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
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 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?..... Yes No
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 b. If 'Yes', was the violation determined to be willful?..... Yes No
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- 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

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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)).
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Gail P. Parsons 6/13/16
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Gail G. Parsons, Recording Secretary UAW Union 1060

Sworn to me this: 13 day of June, 2016
[Signature]
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

TRACY ENGLISH
Notary Public, State of New York
Registration #01EN6294012
Qualified In Madison County
Commission Expires December 16, 2017



JUN 28 2016

Apprentice Training Program Registration Agreement

Central Office

Revision

Nature of Change: _____

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

- Name of Sponsor: Diemolding Corporation
- Mailing Address: P.O. Box 26 Wampsville NY 13163 Madison
(number & street) (city) (state) (zip code) (county)
- Actual Address: 100 Donald Hicks Dew Drive Wampsville NY 13163 Madison
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-363-4710 Ext. _____ Fax No.: 315-363-1873
- E-mail Address: _____
- Trade/Occupation: Mold Maker
- No. Employees: 125 No. Apprentices: _____ No. Journeyworkers: _____ 8. Ratio: 1:1:1
- DOT Code: 601.280-030 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 21.04 per hour 14. Effective Date of Wages: July 1, 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 type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>							
H <input checked="" type="checkbox"/> 1000	H <input type="checkbox"/>	H <input type="checkbox"/>							

18.66 18.96 19.26 19.56 19.86 20.15 20.45

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

17. Joseph J. Pinard 06/16/2016
Signature of Official Sponsor Representative Date

Joseph J. Pinard, Special Projects Manager
Print Name and Title

18. Gail P. Parsons 6-16-16
Signature of Union Representative Date

Gail Parsons, Secretary, UAW #1060
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date

JUN 28 2016



Department
of Labor

New York State Department of Labor

Central Office
Sponsor Code _____
Trade Code 33-144

Related Instruction Availability

Trade: Mold Maker

Sponsor Name: Diemolding Corporation

Sponsor Representative: Joseph J. Pinard

Sponsor Address: _____

No. & Street: 100 Donald Hicks Dew Drive City: Wampsville

County: Madison State: NY Zip Code: 13163

Sponsor Telephone No.: 315-363-4710

Proposed Number of Apprentices: _____

AT Office

Name: NYS Department of Labor

No. & Street: 450 S. Salina Street

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 6/10/2016

RECEIVED
JUN 28 2016
D.E.W.S., SYRACUSE NY

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

School Representative: Kathleen Rinaldo

School

Name: ToolingU Online at toolingu.com

No. & Street: 3615 Superior Avenue East, Building 44, 6th Floor

City: Cleveland State: OH Zip Code: 44114

School Representative: _____

DLEA

Name: Kathleen Rinaldo, Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 6/20/16

AT 8 (6-16)

**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

NYS Department of Labor
Apprentice Training

Signature of Sponsor: _____



JUN 28 2016

6-15-16



NYS Department of Labor
Apprentice Training
JUN 28 2016

Central Office

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____
Trade Code 33-144

Diemolding Corporation, located at
(Sponsor)
100 Donald Hicks Dew Drive, Wampsville, NY 13163
(Address)

is presently accepting applications for an estimated _____ apprentice training positions in
(No. of Openings)
the occupation of Mold Maker
(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 equivalent

Physical Condition: Be physically able to perform the work required as determined by
a medical exam after selection, paid for by the sponsor.

(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:

Other:

Other:

Application Forms May be Obtained From: _____
Name: Diemolding Corporation Dates: From: _____ To: _____
Address: _____ Days: _____
100 Donald Hicks Dew Drive _____
Wampsville, NY 13163 _____
Phone Number: (315) 363 - 4710 Times: _____
Email Address: _____

Special Instructions:

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



JUN 28 2016

Sponsor Code _____

Trade Code(s) 66-378A

Selection Standards and Evaluations Central Office

Name of Candidate	Trade Mold Maker		
Address	City	State	Zip

Only those checked apply.	Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement <input checked="" type="checkbox"/> 5 Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 5 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 1 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total 35		Total
Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 1 Points for Each Year of Active Military Experience <input type="checkbox"/> Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total 15		Total
Seniority <input checked="" type="checkbox"/> 1 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total 5		Total
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input checked="" type="checkbox"/> 1-25 Name of Alternative Aptitude Test <u>WorkKeys Proficiency Exam</u> Administered by <u>_____</u> sponsor rep - 8 categories - 3 points <input type="checkbox"/> Other <u>_____</u> max/category +1	Total 25		Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 0-5 Ability to Communicate <input checked="" type="checkbox"/> 0-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 0-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 0-5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total 20		Total

Total Allowable Points → **100** Total Score →

Rank _____

Evaluated by _____ Date _____
(Name)

Sponsor Name Diemolding Corporation

Sponsor Address 100 Donald Hicks Dew Drive, Wampsville, NY 13163