



New York State Department of Labor

Apprentice Training Program Transmittal

SP:
ATP: 31-227, 51-255,
69-419, 63-373,
67-372, 33-295,
32-393

Sponsor Ford Motor Company		District Western-Bflo.
Name, local no. and address of union (If none, write none) UAW Local 897, 3796 Lakeshore Rd. Buffalo, NY 14219		
Trade / Occupation Plant Mant. - Millwright, Plant Mant. - Electrician, Plant Mant. - Pipefitter Tool & Die Maker, Industrial Truck Mechanic, Welder-Industrial, Machine Repairer		Requested date 5/25/2016
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input checked="" type="checkbox"/> Joint <input 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 & Work Process Revision (nature of change)

State Use Only	
AT sponsor no.	
ATP code	51-255
Effective date of AT program	

- 1. Name of sponsor: FORD MOTOR COMPANY
- 2. Mailing address: 3663 LAKESHORE BLVD BUFFALO NY 14219 Erie (number & street) (city) (state) (zip code) (country)
- 3. Actual address: 3663 LAKESHORE BLVD BUFFALO NY 14219 Erie (number & street) (city) (state) (zip code) (county)
- 4. Telephone no.: [REDACTED] (telephone #) (ext. #) (fax #)
- 5. Trade/Occupation: INDUSTRIAL TRUCK MECHANIC
- 6. No. employees: 1015 No. apprentices: 0 No. journeyworkers: 6 7. Ratio: 1:1:1:1 (non-standard)
- 8. ISC code: n/a 9. DOT code: 620.281-050 10. Length of program: 48 months
- 11. Apprenticeship probationary period: 12 Months 12. Work process: Standard or Revised
- 13. Minimum journeyworker rate: \$ 33.55 per hour 14. Effective date of wages: SEPTEMBER 14th 2015
- 15. Apprenticeship 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"/> H <input checked="" type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>							
0-1000	1001-2000	2001-3000	3001-4000	4001-5000	5001-6000	6001-7000	7001-8000		
\$29.360	\$29.855	\$29.855	\$30.170	\$30.700	\$31.335	\$32.145	\$32.815		

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

17. *Marty Malone* 4/20/16
 Signature of official sponsor representative Date
 MARTY MALONE FORD MOTOR CO. JAC
 Print name and title

18. *Joseph Tomlinson* 4/20/16
 Signature of union representative Date
 JOSEPH TOMLINSON UAW 897 JAC
 Print name, title, and union name

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

NYS Department of Labor
 Apprentice Training
 MAY 31 2016
 Central Office



New York State Department of Labor

Sponsor Information Sheet

Tool & Die Maker (31-227)
Industrial Truck Mechanic (51-255)
Plant Maintenance - Millwright (69-419)
Plant Maintenance - Pipefitter (63-373)
Plant Maintenance - Electrician (67-372)
Welder - Industrial (33-295)
Machine Repairer (32-393)

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.

Form with fields for Sponsor Name (Ford Motor Company), Trade Name (see above trades), Name of Entity (Ford Motor Company), FEIN No., Mailing Address (3663 Lakeshore Road, Buffalo, NY 14219), NYS Employer Registration (ER) No., Fax No., Phone No., E-mail Address, Type of Entity (Corporation checked), and business history questions.

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:

Table with 2 columns: Question and Yes/No response. Questions include: A conviction for a crime under state or federal law? An indictment or pending indictment for any conduct constituting a crime under state or federal law? A grant of immunity for any conduct constituting a crime under state or federal law? 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? 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? 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? 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? 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? Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? Any investigations, claims or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Apprenticeship Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts or local Civil Rights Commissions?

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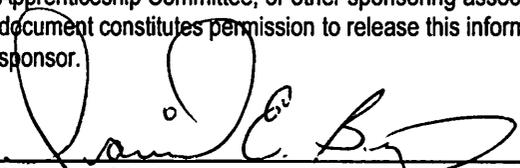
Certification – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise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

Applicant, sponsor, signatory or union:

- Certifies that the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein
- Certifies that intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL) § 210.35, and may be punishable by a fine of up to \$1000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1))
- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

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

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



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

4/19/16 DAVID E. BUZO
Date Print Name and Title

Sworn to me this: 19 day of April 2016



Signature of Notary Public or Commissioner of Deeds

Carol LoBello
Notary Public, State of New York
Registration #01LO5085743
Qualified In Erie County
Commission Expires Sept. 29, 2017

NYS Department of Labor
Apprentice Training

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New York State Department of Labor

Sponsor Information Sheet

- Tool & Die Maker (31-227)
- Industrial Truck Mechanic (51-255)
- Plant Maintenance – Millwright (69-419)
- Plant Maintenance – Pipefitter (63-373)
- Plant Maintenance – Electrician (67-372)
- Welder – Industrial (33-295)
- Machine Repairer (32-393)

Instructions:

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- You must include an explanation and supporting documentation for all "yes" responses.
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- 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: Ford Motor Company		Trade Name: see above trades	
Name of Entity Completing Form: United Auto Workers Local 897		FEIN No.: [REDACTED]	
Mailing Address: 3796 Lakeshore Rd Buffalo, NY 14219		NYS Employer Registration (ER) No.: [REDACTED]	
Fax No.: [REDACTED]	Phone No.: [REDACTED]	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 type="checkbox"/> Association <input checked="" 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? 65 Years			
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 Apprenticeship Training Representative.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation. Within the past five (5) years has your organization, any affiliate, any predecessor company or entity, owner of 5% or more of the entity's shares, director, officer, partner, or proprietor been the subject of:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A federal suspension, debarment, bid rejection or disapproval of any proposed contract or subcontract for lack of responsibility; or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any investigations, claims or lawsuits before the US Equal Employment Opportunity Commission (EEOC), US Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts or local Civil Rights Commissions?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

4/17/16 DALE E. ROGERS P/C
Date Print Name and Title

Sworn to me this: 17TH day of APRIL 2016



Signature of Notary Public or Commissioner of Deeds

LEONARD JERNATOWSKI
Notary Public, State of New York
Qualified in Erie County
Reg. No. 01JE4B04359
My Commission Expires 12-31-2018

NYS Department of Labor
Apprentice Training
MAY 31 2016
Central Office



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade Industrial Truck Mechanic		
Sponsor Name Ford Motor Company		
Sponsor's Representative Joseph Tomlinson - Joint Apprentice Coord.		
Sponsor Address (No. & Street) 3663 Lakeshore Blvd.		(City) Buffalo
(County) Erie	(State) NY	(Zip Code) 14219
Sponsor Telephone No. 716-821-4227		
Proposed Number of Apprentices 0		

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School
Erie Community College

Address
45 Oak Street

Address
Buffalo, NY 14203

School Representative:

John Slisz
Coordinator of Corporate Training

Name and Address of DLEA:

Marcia Johnson
Buffalo Public Schools
Adult Education Division
389 Virginia Street
Buffalo, NY 14201

AT Office Name and Address:

New York State Dept. of Labor
Apprenticeship Training Unit
290 Main St - Mezz Level
Buffalo, New York 14202

Apprentice Training Representative:

Date Prepared:

4/20/2016

Signature of

Date Prepared:

5/19/16

AT 8 (05/08)

NYS Department of Labor
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Received
Apprenticeship Unit

MAY 25 2016

BUFFALO

PART III - CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS

NYS Department of Labor
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Title of Trade Industrial Truck Mechanic

A. CURRENT STAFFING IN THE ABOVE TRADE

	Total	<u>African American</u>		<u>Hispanic</u>		<u>Other Minority</u>		<u>Women</u>	
		No	%	No	%	No	%	No	%
Active Journeyworkers									
Registered Apprentices									

B. PROJECTED NUMBER OF APPRENTICE INDENTURES

YEAR	20	16	17	18	19	20	TOTALS
New Positions							
Vacancies From Turnover <u>L2</u>							
Total Indentures							

C. ANNUAL GOALS

Based on the data and projections above , the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows : L1

YEAR	20	16	17	18	19	20	TOTALS
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Program. The sponsor understands that if the annual goals are not being met , it may be necessary to re-evaluate and change the Affirmative Action Program in order to increase the effectiveness of the program.

- L1 Where no apprentice indentures are planned for a particular group or year , enter "0".
- L2 Includes program graduates and non-graduates , (e.g. voluntary quits , dismissals prior to completion).



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

SP Code: _____
ATP Code: 51-255

FORD MOTOR COMPANY

, located at

(Sponsor)

3663 Lakeshore Blvd, Buffalo, NY 14219

(Address)

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

the occupation of Industrial Truck Mechanic

(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 years

Minimum education: Completion of the industrial Readiness Certificate Program as Per CBA

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

Ford Motor Company Medical Staff paid 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: _____ Dates: From: _____ to: _____

Name: Joseph Tomlinson UAW 897 JAC Days: _____

Address: 3663 Lakeshore Blvd, Buffalo, NY 14219 Times: _____

Phone number: (716) 821-4227 Email address: _____

Special instructions: _____

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

NYS Department of Labor
Apprentice Training

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NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUTION

Sponsor Code: _____

ATP Code: 51-255

NAME OF CANDIDATE	TRADE Industrial Truck Mechanic		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

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

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

WORK EXPERIENCE

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

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

SENIORITY

- _____ POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM
- _____ OTHER Selected by seniority based on year of completion of Industrial Readiness Certificate program

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

JOB APTITUDE

- _____ SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH _____ MEDIUM _____ LOW _____
- _____ NAME OF ALTERNATIVE APTITUDE TEST: _____ ADMINISTERED BY _____
- _____ OTHER _____

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

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

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

TOTAL ALLOWABLE POINTS →

TOTAL SCORE →

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME Ford Motor Company

SPONSOR ADDRESS 3663 Lakeshore Blvd., Buffalo, NY 14219

NYS Department of Labor
Apprentice Training

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