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

New York State Department of Labor

Apprentice Training Program Transmittal

| Sponsor | District |
|---|---|
| Ford Motor Company | 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 | Requested date |
| Tool & Die Maker, Industrial Truck Mechanic, Welder-Industrial, Machine Repairer | 5/25/2016 |

☑ Individual ☑ Joint ☐ JAC Indentured by: ☑ State
☐ Group ☐ Non-Joint ☑ Non-JAC ☑ Employer ☐ Agent ☐ Federal

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

New York State Department of Labor

## Apprentice Training Program Registration Agreement

| State Use Only | |
|---|---|
| AT sponsor no. | |
| ATP code | 69-419 |
| Effective date of AT program | |

**Revision** ☑ New Program
(nature of change)

1. Name of sponsor: FORD MOTOR COMPANY
2. Mailing address: 3663 LAKESHORE BLVD (number & street) BUFFALO (city) NY (state) 14219 (zip code) Erie (county)
3. Actual address: 3663 LAKESHORE BLVD (number & street) BUFFALO (city) NY (state) 14219 (zip code) Erie (county)
4. Telephone no.: [redacted] (telephone #) (ext. #) (fax #)
5. Trade/Occupation: PLANT MAINTENANCE – MILLWRIGHT
6. No. employees: 1015 No. apprentices: 0 No. journeyworkers: 22 7. Ratio: 1:1;1:1 (non-standard) ☐
8. ISC code: n/a 9. DOT code: 638.281-018 10. Length of program: 48 months
11. Apprentice 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. Apprentice wage progression for each period - in months (M) or hours (H)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| M☐ H☑ 0-1000 | M☐ H☑ 1001-2000 | M☐ H☑ 2001-3000 | M☐ H☑ 3001-4000 | M☐ H☑ 4001-5000 | M☐ H☑ 5001-6000 | M☐ H☑ 6001-7000 | M☐ H☑ 7001-8000 | M☐ H☐ | M☐ H☐ |
| $29.360 | $29.855 | $29.855 | $30.195 | $30.735 | $31.390 | $32.225 | $32.910 | | |

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

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

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

NYS Department of Labor
Apprentice Training
MAY 31 2016
Central Office

19. Signature New York State Department of Labor — Date / /

AT 10 (07-10)

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)

New York State Department of Labor

# Sponsor Information Sheet

**Instructions:**

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
- You must include an explanation and supporting documentation for all "yes" responses.
- For Individual Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and from the union.
- For Individual Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor only.
- For Group Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company and union that serves on the governing body as a Joint Apprenticeship Training Committee (JATC) member. Only one AT 9 is required per union.
- For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
- You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

| | | |
|---|---|---|
| Sponsor Name: Ford Motor Company | | Trade Name: see above trades |
| Name of Entity Completing Form: Ford Motor Company | | FEIN No. [redacted] |
| Mailing Address: 3663 Lakeshore Road, Buffalo, NY 14219 | | NYS Employer Registration (ER[redacted] |
| Fax No. [redacted] | Phone No[redacted] | E-mail Address [redacted] |

Type of Entity (Mark primary function): ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Joint Venture ☐ LLC ☐ LLP ☐ Other
☐ JATC ☐ Association ☐ Union ☐ 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? Over 100 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 ☐ No ☒ |
| Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative. | Yes ☐ No ☒ |

***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 ☐ No ☒ |
| An indictment or pending indictment for any conduct constituting a crime under state or federal law? | Yes ☐ No ☒ |
| A grant of immunity for any conduct constituting a crime under state or federal law? | Yes ☐ No ☒ |
| 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 ☐ No ☒ |
| 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 ☒ No ☐ |
| 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 ☒ No ☐ |
| 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 ☐ No ☒ |
| Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? | Yes ☐ No ☒ |
| If yes, was the violation determined to be willful? | Yes ☐ No ☐ |
| Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? | Yes ☒ No ☐ |
| 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 ☐ |

NYS Department of Labor
Apprenticeship Training
MAY 31 2016
Central Office



**After completing this page, you must sign the second page and have it notarized**

**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<br>Date | DAVID E. BUZO<br>Print Name and Title |

Sworn to me this: 19 day of April, 2016

Carol LoBello
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
MAY 31 2016
Central Office

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)

New York State Department of Labor

# Sponsor Information Sheet

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

| | | |
|---|---|---|
| Sponsor Name: 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) [redacted] |
| Fax No.: [redacted] | Phone No.: [redacted] | E-mail Address: [redacted] |

Type of Entity (Mark primary function): ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Joint Venture ☐ LLC ☐ LLP ☐ Other
☐ JATC ☐ Association ☒ Union ☐ 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 ☐ No ☒ |
| Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative. | Yes ☐ No ☒ |

***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 ☐ No ☒ |
| An indictment or pending indictment for any conduct constituting a crime under state or federal law? | Yes ☐ No ☒ |
| A grant of immunity for any conduct constituting a crime under state or federal law? | Yes ☐ No ☒ |
| 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 ☐ No ☒ |
| 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 ☐ No ☒ |
| 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 ☐ No ☒ |
| 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 ☐ No ☒ |
| Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? | Yes ☐ No ☒ |
| If yes, was the violation determined to be willful? | Yes ☐ No ☐ |
| Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? | Yes ☐ No ☒ |
| 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 ☒ |

NYS Department of Labor
Apprentice Training
MAY 31 2016
Central Office



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

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. 01JE4804359
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

NYS Department of Labor
Apprentice Training

MAY 31 2016

Central Office

| | |
|---|---|
| Trade | Plant Maintenance – Millwright |
| 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
[redacted]

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:

[redacted]

Date Prepared:

4/20/2016

Signature of D[redacted]

Date Prepared: 5/19/16

AT 8 ( 05/08)

Received
Apprenticeship Unit

MAY 25 2016

BUFFALO

## PART III - CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS

Title of Trade Plant Maintenance – Millwright

### A. CURRENT STAFFING IN THE ABOVE TRADE

| | Total | African American | | Hispanic | | Other Minority | | Women | |
|---|---|---|---|---|---|---|---|---|---|
| | | No | % | No | % | No | % | No | % |
| Active Journeyworkers | [redacted] | | | | | | | | |
| Registered Apprentices | | | | | | | | | |

### B. PROJECTED NUMBER OF APPRENTICE INDENTURES

| YEAR | 20 17 | 17 | 18 | 19 | 20 | TOTALS |
|---|---|---|---|---|---|---|
| New Positions | [redacted] | | | | | |
| Vacancies From Turnover /2 | | | | | | |
| 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 : /1

| YEAR | 20 16 | 17 | 18 | 19 | 20 | TOTALS |
|---|---|---|---|---|---|---|
| African American | [redacted] | | | | | |
| 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.

/1 Where no apprentice indentures are planned for a particular group or year , enter "0".

/2 Includes program graduates and non-graduates , (e.g. voluntary quits , dismissals prior to completion).

NYS Department of Labor
Apprentice Training
MAY 3 1 2016
Central Office

SP Code: _____
ATP Code: 69-419

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

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 Plant Maintenance – Millwright.
*(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 [redacted] 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:

Name: Joseph Tomlinson UAW 897 JAC

Address: 3663 Lakeshore Blvd, Buffalo, NY 14219

Dates: From: _____ to: _____

Days: _____

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
MAY 31 2016
Central Office

See Instructions on Reverse Side

AT 505 (7-10)

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

Sponsor Code: _____
ATP Code: 69-419

| NAME OF CANDIDATE | TRADE Plant Maintenance – Millwright | | |
|---|---|---|---|
| ADDRESS | CITY | STATE | ZIP |

*ONLY THOSE CHECKED APPLY*

| | MAXIMUM POINTS ALLOWABLE | NUMBER OF YEARS CREDITED | SCORE |
|---|---|---|---|
| **EDUCATIONAL ACHIEVEMENT** TOTAL | | | TOTAL |
| ☐ ____ 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 _____ | | | |
| **WORK EXPERIENCE** TOTAL | | | TOTAL |
| ☐ ____ 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 _____ | | | |
| **SENIORITY** TOTAL | | | TOTAL |
| ☐ ____ POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM | | | |
| ☑ ____ OTHER Selected by senority based on year of completion of Industrial Readiness Certificate program [redacted] | | | |
| **JOB APTITUDE** TOTAL | | | TOTAL |
| ☐ SATB (SPECIFIC APTITUDE TEST BATTERY) POINTS FOR HIGH ____ MEDIUM ____ LOW ____ | | | |
| ☐ ____ NAME OF ALTERNATIVE APTITUDE TEST: _____ ADMINISTERED BY _____ | | | |
| ☐ ____ OTHER _____ | | | |
| **ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE** TOTAL | | | TOTAL |
| ☐ ____ ABILITY TO COMMUNICATE | | | |
| ☐ ____ WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP | | | |
| ☐ ____ ABILITY TO REASON AND COMPREHEND | | | |
| ☐ ____ INTEREST AND MOTIVATION | | | |
| ☐ ____ OTHER _____ | | | |
| ☐ ____ OTHER _____ | | | |
| TOTAL ALLOWABLE POINTS → | | TOTAL SCORE → | |

RANK _____

EVALUATED BY _____ (Name) DATE _____

SPONSOR NAME Ford Motor Company

SPONSOR ADDRESS 3663 Lakeshore Blvd., Buffalo, NY 14219

NYS Department of Labor
Apprentice Training
MAY 31 2016
Central Office

AT 508 (07-06)