



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

NYS Department of Labor  
Apprentice Training

Revision  New Program  
(nature of change)

State Use Only	
AT sponsor no.	MAY 31 2016 Central Office
ATP code	31-227
Effective date of AT program	

- Name of sponsor: FORD MOTOR COMPANY
- Mailing address: 3663 LAKESHORE BLVD BUFFALO NY 14219 Erie  
(number & street) (city) (state) (zip code) (county)
- Actual address: 3663 LAKESHORE BLVD BUFFALO NY 14219 Erie  
(number & street) (city) (state) (zip code) (county)
- Telephone no.: [REDACTED] (telephone #) (ext. #) (fax #)
- Trade/Occupation: TOOL & DIE MAKER
- No. employees: 1015 No. apprentices: 0 No. journeyworkers: 73 7. Ratio: 1:1:1:1  
(non-standard)
- ISC code: n/a 9. DOT code: 601.260-010 10. Length of program: 48 months
- Apprentice probationary period: 12 Months 12. Work process: Standard  or Revised
- Minimum journeyworker rate: \$33.82 per hour 14. Effective date of wages: SEPT 14th 2015
- 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"/> 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	\$30.255	\$30.840	\$31.540	\$32.432	\$33.180		

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



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: Sponsor Name: Ford Motor Company, Trade Name: see above trades, Name of Entity Completing Form: 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 (Mark primary function): [X] Corporation, How many years has your organization been in business? Over 100 years, Have you done business under a different name?, Is the Sponsor a Group Joint or Group Non-Joint Program?

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?

NYS Department of Labor

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Central Office

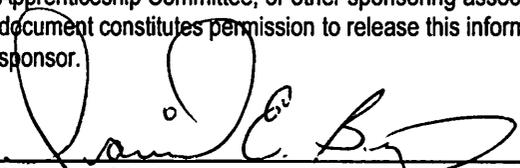
**Certification** – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as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

- 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: Sponsor Name: Ford Motor Company, Trade Name: see above trades, Name of Entity: United Auto Workers Local 897, FEIN No., Mailing Address: 3796 Lakeshore Rd Buffalo, NY 14219, NYS Employer Registration (ER), Fax No., Phone No., E-mail Address, Type of Entity (Union checked), How many years in business (65 Years), Have you done business under a different name? (No checked), Is the Sponsor a Group Joint or Group Non-Joint Program? (No checked)

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), US Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts or local Civil Rights Commissions?

MAY 31 2016





NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Trade Tool & Die Maker		
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		

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

AT 8 (05/08)

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

Signature of DLEA

[Redacted Signature]

Date Prepared:

5/19/16

NYS Department of Labor  
Apprentice Training

MAY 31 2016

Central Office

Received  
Apprenticeship Unit

MAY 25 2016

BUFFALO



New Program

Amended

Renewal

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

Trade Code(s) 31-227, 51-255

69-419, 63-373

67-372, 33-295

32-393

# NEW YORK STATE DEPARTMENT OF LABOR APPRENTICE TRAINING PROGRAM AFFIRMATIVE ACTION PLAN

NYS Department of Labor  
Apprentice Training

To be Administered by: FORD MOTOR COMPANY  
*Sponsor's Name*

MAY 31 2016

Central Office

Address: 3663 Lakeshore Blvd.,

Buffalo, NY 14219

*Zip Code*

Plan is Effective From:    /   /    To:    /   /     
*Date* *Date*

On behalf of the above named sponsor, I certify that it is our intent to fulfill this Affirmative Action Plan.

Signature of Sponsor: *[Signature]*

*The above signature must be the employer's Chief Executive Officer or the  
Chair of the Joint Apprenticeship Committee or their authorized representative.*

4/120/16  
*Date*

Print Name: DAVID E. BUZO

Title: PLANT MANAGER

**PART I - EQUAL OPPORTUNITY STANDARDS**

- A. Provide a brief description of the nature and extent of the Sponsor's business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.



THE SPONSOR RECRUITS FROM ERIE COUNTY, NY

NYS Department of Labor  
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B. **Equal Opportunity Pledge**

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following **EQUAL OPPORTUNITY PLEDGE**:

"The recruitment, selection, employment, and training of apprentices during their 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, and 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.

C. **Affirmative Action Policy Statement** /1



Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

D. **Sexual Harassment Policy Statement** /1



Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and/or Sexual Harassment Policy Statement should contact the New York State Department of Labor's Division of Equal Opportunity Development.

**PART II - LABOR FORCE ANALYSIS / UTILIZATION STUDY**

A. The total labor force is 468,105 in the following county ( counties ) of :

Erie	_____	_____
_____	_____	_____
_____	_____	_____

The labor force includes : /1\_

African American	_____	%
Hispanic	_____	%
Other Minorities /2_	_____	%

Total Minorities	_____	%
Women	_____	%

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B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county ( counties ) of recruitment.



/1 Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division ,  
Bureau of Labor Market Information , State Office Bldg. Campus , Bldg. # 12 , Room 488 , Albany , NY 12240 ,  
\_\_\_\_\_

/2 Other Minorities : Native Americans ; Alaskan Natives ; Pacific Islanders ; Asians.

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

Title of Trade Tool & Die Maker

NYS Department of Labor  
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**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).

**PART IV - ACTION PLANS AND REQUIREMENTS**

**A. Outreach and Positive Recruitment Plan**

**Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary). The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.**

Ford Motor Company lists it's opening with the Buffalo Onestop and Buffalo Job Bank of the NYSDOL. The NYSDOL does the the screening and testing for new entry level employees.

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**PART IV - ACTION PLANS AND REQUIREMENTS (continued)**

**B. Recruitment**

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One)

- ( ) 1. Requesting the NYS Department of labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprentice Training (Part 600).  
An area-wide public recruitment wil publize the following information:
  - a. Estimating number of apprentice job openings to be filled.
  - b. Eligibility requirements
  - c. Where and when applications may be obtained.
  - d. When applications are to be submitted.
  - e. Affirmative Action policy of the sponsor.
- ( ) 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Department of labor Community Service Division offices for a minimum of five full working days before any selections are made.
- ( ✓ ) 3. Limiting recruitment to present employees of the sponsor and / or present members of the union sponsoring the apprenticeship program. Employees must have been hired and / or union members have been admitted without discrimination based on race , color , religion , national origin, age , sex, disability or marital status. Sponsors are encouraged to list all resulting vacancies with the NYS Department of Labor Community Services Division offices.
- ( ) 4. Recruiting apprentices by methods other than those in A.1,2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used. /

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**C. Methods for Selection of Apprentices**

Selection of apprentices will be made under one of the following four methods. (Check One):

- ( ) 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments).  
Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and / or seniority of union membership may be one of the selection standards.
  - b. The list of candidates will remain valid for a minimum of two years , or until the list is exhausted.
  - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his / her qualifications , each eligible applicant wil be notified in writing of the qualifications on which he / she will be evaluated , the time and place for submitting evidence of qualifications , and the time and place for testing and / or interview.

/ 1 A sponsor using this method of recruitment should contact NYSDOL Division of Equal Opportunity Development for technical assistance.

**PART IV - ACTION PLANS AND REQUIREMENTS (continued)**

**C. Methods for Selection of Apprentices (continued)**

- (  ) 2. **Selection on basis of rank from a candidate list (available for non area-wide public recruitments).**  
Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
- a. When this method is used , the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
  - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. / 1 \_\_\_

- (  ) 3. **Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.**
- a. The method of random selection shall be subject to approval by the Commissioner of Labor.
  - b. Supervision of the random selection process shall be by an impartial person or persons , selected by the sponsor , not associated with the administration of the apprentice program.
  - c. The expected time and place of the selection shall be indicated in the recruitment notice.
  - d. The place of the selection shall be open to all applicants and the public.
  - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
  - f. This list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

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- (  ) 4. **Alternative selection methods. / 2\_\_\_**

If apprentices are to be selected by other methods than in B 1,2 or 3 above ,a detailed statement of the selection method to be used must be attached and submitted to the Commissioner of Labor for review and approval prior to being used.

**D. Minimum Selection Standards and Evaluation**

It is agreed that the minimum qualifications utilized will be those listed on AT 505 , Notice of Apprentice Training Opportunity , and /or Form AT 508 , Selection Standards and Evaluation , attached.

/1 Sponsors are advised to keep all applications for a minimum of one year.

/2 A sponsor using this method of selection should seek NYSDOL Division of Equal Opportunity Development technical assistance.

**PART IV - ACTION PLANS AND REQUIREMENTS** (continued)

**E. Notification and Appointment of Candidates for Apprenticeship**

It is agreed that whether selection is made from a certified list established by rank , random selection , list of current employees or union members , or alternative methods , the following notification procedure will prevail :

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure , Part 600.12.
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reasons for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure , Part 600.12.
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail , return receipt requested.
4. After the commencement of the term of an apprenticeship program the program sponsors may appoint available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of such appointment will be in writing and shall be sent bt certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

**PART V - DISCRIMINATION COMPLAINT PROCEDURE**

It is agreed that complaints will be filed in accordance with Part 600.12 , Complaint Procedures , as defined under Equal Employment Opportunity in Apprentice Training Regulations.

**PART VI - DISTRIBUTION**

Send the original of this plan to your Apprenticeship Training Representative:



NYS Department of Labor  
Apprenticeship Unit  
290 Main St - Mezz Level  
Buffalo, New York 14202

After approval of the plan , a copy will be forwarded to the Department's Central Apprentice Training Office and the original to the District Office to be returned to the Program Sponsor.

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Apprentice Training

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Central Office



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

SP Code: \_\_\_\_\_  
ATP Code: 31-227

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 Tool & Die 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 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 Central Office

Ford Motor Company Medical Staff XXXXXXXXXX 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 \_\_\_\_\_

See Instructions on Reverse Side

*NYS Department of Labor  
Apprentice Training*

**MAY 31 2016**



NEW YORK STATE DEPARTMENT OF LABOR  
SELECTION STANDARDS AND EVALUATION

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

ATP Code: 31-227

NAME OF CANDIDATE	TRADE Tool & Die Maker		
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 →	
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RANK \_\_\_\_\_

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

SPONSOR NAME Ford Motor Company

SPONSOR ADDRESS 3663 Lakeshore Blvd., Buffalo, NY 14219

NYS Department of Labor  
Apprentice Training