



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

AUG 22 2016

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: Hartman Enterprises, Inc
- B. Trade(s): Machinist (CNC)
- 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: Hartman Enterprises, Inc
- E. Entity completing this form (check one):
 Individual Employer/Sponsor Union JAC/JATC Association
 Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
- F. Mailing address: Street: 455 Elizabeth St
 City/Town: Oneida State: NY Zip Code: 13421
- G. Email: _____ Phone: 315-363-7300 I. Fax: 315-363-0314
- J. Federal Employer Identification Number (FEIN): _____
- K. NYS Unemployment Insurance Employer Registration (ER) Number:
- 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? 43
- 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.

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.

Jaime A. Sweet, President 6/27/2016
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Jaime A. Sweet, President

Sworn to me this: 27th day of June Merry E. Dailey
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
NYS Department of Labor
Apprentice Training

AUG 23 2016

Central Office
Field - Receipt Date Stamp

MERRY E. DAILEY
NOTARY PUBLIC, STATE OF NEW YORK
No. 01DA6060431
QUALIFIED IN MADISON COUNTY
MY COMMISSION EXPIRES 1-3-2019



Apprentice Training Program Registration Agreement **AUG 22 2016**

Revision

Nature of Change: _____

State Use Only	
AT Sponsor No.	
ATP Code	32-130A
Effective Date of AT Program	

- Name of Sponsor: Hartman Enterprises Incorporated
- Mailing Address: 455 Elizabeth St. Oneida NY 13421 Madison
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-363-7300 Ext. _____ Fax No.: 315-363-0314
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist (CNC)
- No. Employees: 39 No. Apprentices: [REDACTED] No. Journeyworkers: 7 8. Ratio: 1:1,1:1
- DOT Code: 600.280-022 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 14.00 per hour 14. Effective Date of Wages: July 1, 2016

15. 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"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/> 2000	H <input type="checkbox"/>								
12.00	12.50	13.00	13.50						

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

17. Jaime A. Sweet 8/15/2016 18. Jim Rager 8/15/2016
 Signature of Official Sponsor Representative Date Signature of Union Representative Alternate Date
Jaime A. Sweet, President/CEO Jim Rager, General Manager
 Print Name and Title Print Name, Title, and Union Name
 XXXXXXXXXXXX

19. _____
Signature New York State Department of Labor Date



Sponsor Code _____
Trade Code 32-130A

Related Instruction Availability **2016**

Trade: Machinist (CNC) Central Office

Sponsor Name: Hartman Enterprises Incorporated

Sponsor Representative: Jim Rager

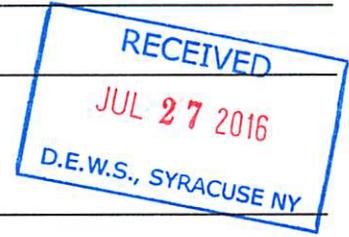
Sponsor Address: _____

No. & Street: 455 Elizabeth Street City: Oneida

County: Madison State: NY Zip Code: 13421

Sponsor Telephone No.: 315-363-7300

Proposed Number of Apprentices: 5



AT Office

Name: New York State Department of Labor

No. & Street: 450 S. Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 7/18/2016

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: OptiPro Systems

No. & Street: 6368 Dean Parkway

City: Ontario State: NY Zip Code: 14519

School Representative: Michael Bechtold

School

Name: Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

School Representative: Kathleen Rinaldo

DLEA

Name: Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 7/22/16

AT 8 (6-16)



- New Program
- Amended
- Renewal

Sponsor Code _____

Trade Code(s) 32-130A

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

NYS Department of Labor
Apprentice Training

AUG 23 2016

To be Administered by: Hartman Enterprises Incorporated
Sponsor's Name *Central Office*

Address: 455 Elizabeth Street
Oneida NY 13421

Plan is Effective From: 9 / 1 / 2016 To: 8 / 31 / 2016
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:  8, 15, 16
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. *Date*

Print Name: Jaime A. Sweet

Title: President/CEO

DO NOT WRITE BELOW THIS LINE

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.

[REDACTED]
[REDACTED] recruit primarily from the counties of Herkimer, Madison, Oneida, and Onondaga.

NYS Department of Labor
Apprentice Training

AUG 23 2016

Central Office

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 III – CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS

Title of Trade Machinist (CNC)

NYS Dept. of Labor
Apprentice Training

AUG 29 2016

A. CURRENT STAFFING IN THE ABOVE TRADE

	Total	African American		Hispanic		Other Minority		Central Office Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers	[REDACTED]								
Registered Apprentices	[REDACTED]								

B. PROJECTED NUMBER OF APPRENTICE INDENTURES /1

YEAR	2016-17	2017-18	2018-19	2019-20	2020-21	TOTALS
New Positions	[REDACTED]					
Vacancies From Turnover /2	[REDACTED]					
Total Indentures	[REDACTED]					

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	2016-17	2017-18	2018-19	2019-20	2020-21	TOTALS
African American	[REDACTED]					
Hispanic	[REDACTED]					
Other Minority	[REDACTED]					
Women	[REDACTED]					
Total Indentures	[REDACTED]					

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).

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.



Apprenticeship Training

AUG 29 2016

Central Office

PART IV – ACTION PLANS AND REQUIREMENTS (continued)

NYSDOL
AUG 22 2018

AUG 22 2018

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 Apprenticeship Training (Part 600). ~~Commissioner~~
- An area-wide public recruitment will publicize the following information:
- a. Estimated 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 Division of Employment Services 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, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Department of Labor Division of Employment Services 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. /1

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 period 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 will 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)

- (x) 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.
- () 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 Form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and/or on 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.

NYS Department of Labor
Apprentice Training

AUG 23 2016

Page 7

Central Office

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 by 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.

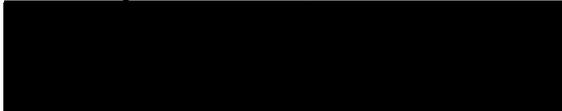
PART V – DISCRIMINATION COMPLAINT PROCEDURE

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 Apprentice Training Representative, who will forward it for review by:

NYS Department of Labor

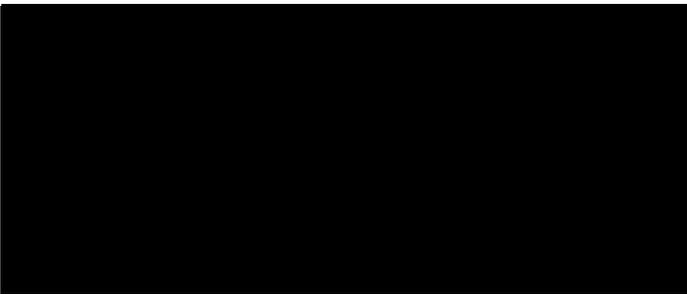


After approval of the plan, a copy will be forwarded to the Department's Apprentice Training Office and the original to the District Office to be returned to the Program Sponsor.

NYS Department of Labor
Apprentice Training

AUG 23 2016

Central Office



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Equal Opportunity Pledge

Contract Office

We recognize that all qualified persons shall have equal opportunity in apprenticeship training, and agree 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, color, religion, national origin, sex, disability or marital status. 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 3, and Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York Part 600 and American with Disabilities Act of 1990."

Affirmative Action Policy Statement

We promise to provide equal employment opportunity to all people without regard to race, color, sex, religion, age, national origin, disability, marital status or Vietnam era veteran status. As representative of the sponsor, I am personally committed to assuring that we, as the sponsor, will act affirmatively to develop avenues of entry and mobility for minorities, women, individuals who have disabilities, and Vietnam era veterans.

Policy on Sexual Harassment

We recognize that harassment based on sex is disruptive to good business practice because it detracts from the program goal of optimizing the apprentices' skills and talents. Therefore, our policy is that sexual harassment of apprentices is prohibited. This policy not only applies to interactions between our apprentices, but also to their actions toward, and treatment by, external contacts including contractors and journeypersons.

Guidelines established by the Equal Employment Opportunity Commission (EEOC) provides that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- ◆ submission to such conduct is made either explicitly or implicitly a term 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 apprentice has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor. If the apprentice does not prefer to discuss the complaint with his/her supervisor the matter should then be referred to the next level of supervision, the project manager or the JAC business manager. A resolution to the complaint should be reached at that level. The New York State Department of Labor's Division of Equal Opportunity Development must be notified of the complaint. If the complaint cannot be successfully resolved, the apprentice has the right to contact the New York State Division of Human Rights, the Equal Employment Opportunity Commission, and the U.S. Department of Labor's Directorate of Civil Rights.

The Complaint will be investigated and if the complaint is substantiated, prompt action will be taken to stop the harassment and prevent its recurrence.

Jaine A. Sweet, President/CEO
Jaine A. Sweet, President/CEO



AUG 29 2016

Apprentice Training Recruitment Notification and Minimum Qualifications

Central Office

Sponsor Code _____

Trade Code 32-130A

Hartman Enterprises Incorporated, located at _____

(Sponsor)

455 Elizabeth Street, Oneida, NY 13421

(Address)

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

(No. of Openings)

the occupation of Machinist (CNC)

(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 old

Minimum Education: High School diploma or equivalent

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

(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: Hartman Enterprises, Inc. Days: Mon - Fri

Address: 455 Elizabeth St, Oneida, NY 13421 Times: 9 AM - 3 PM

Phone Number: (315) 363-7300 Email Address: _____

Special Instructions: _____

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



AUG 29 2018

Sponsor Code _____
Trade Code(s) 32-130A

Selection Standards and Evaluations

Name of Candidate _____	Trade Machinist (CNC)		
Address _____	City _____	State _____	Zip _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> <u>2.5</u> Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>2.5</u> 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"/> <u>2.0</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	Total	25			Total
		5			
		10			
		10			
Work Experience <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of General Work Experience <input type="checkbox"/> _____ Other _____	Total	25			Total
		10			
		5			
		10			
Seniority <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	Total				Total
Job Aptitude <input type="checkbox"/> _____ SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> _____ Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> _____ Other _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> <u>0-5</u> Ability to Communicate <input checked="" type="checkbox"/> <u>0-5</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>0-5</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>0-5</u> Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total	20			Total
		5			
		5			
		5			
		5			

Total Allowable Points **→** 70 Total Score →

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Hartman Enterprises Incorporated

Sponsor Address 455 Elizabeth St., Oneida, NY 13421