



JUN 27 2016

New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: HILUME CORP
B. Trade(s): SKILLED CONSTRUCTION CRAFT LABORER
C. Type of Apprenticeship Training Program (check one):
1. [checked] 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: HILUME CORP
E. Entity completing this form (check one):
[checked] 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: 175 KENNEDY DRIVE
City/Town: HAUPPAUGE State: NY Zip Code: 11788
G. Email: [redacted] H. Phone: (631) 421-1727 I. Fax: (631) 421-1745
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [checked] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[checked] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 53
O. Within the past five (5) years, have you done business under a different name? [] Yes [checked] 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? [checked] 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 [checked] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [checked] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [checked] 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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 5/31/16

Print name and title: GARY SHEA - VICE PRESIDENT

Sworn to me this: 31 day of May 2016 _____
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training
JUN 27 2016

ALEXIS CREDIDIO
Notary Public, State of New York
NO. 01CR4747629
Qualified in Suffolk County
Commission Expires June 30, 2019

Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

State Use Only
AT Sponsor No.
ATP Code 18-514
Effective Date of AT Program

- 1. Name of Sponsor: HILUME CORP
2. Mailing Address: 175 KENNEDY DR HAUPPAUGE NEW YORK 11788 SUFFOLK
3. Actual Address: 175 KENNEDY DR HAUPPAUGE NEW YORK 11788 SUFFOLK
4. Telephone No.: 631 421-1727 Ext XX Fax No.: 631 421-1745
5. E-mail Address:
6. Trade/Occupation: SKILLED CONSTRUCTION CRAFT LABORER
7. No. Employees: 65 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1-1:4
9. DOT Code: 869 463-580 10. Length of Program: 24 months
11. Apprentices Probationary Period: 6 MOS 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$21.50 per HR 14. Effective Date of Wages: 06-01-16

15. Apprentice wage progression for each period - in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M/H, Rate, Progression). Includes checkboxes for M or H and wage rates like 55%-\$11.83, 60%-\$12.90, etc.

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

17. Signature of Gary F. Shea, Gary F. Shea Vice Pres, Date 5/31/16
18. Signature of Union Representative, Date

19. Signature New York State Department of Labor, Date

NYS Department of Labor
Apprentice Training

JUN 27 2016

Central Office



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

RECEIVED
HICKSVILLE, L. I.

MAY 3 1 REC'D

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Trade Skilled Construction Craft Laborer		
Sponsor Name HILUME CORP		
Sponsor's Representative GARY F SHEA		
Sponsor Address (No. & Street) 175 KENNEDY DR.		(City) HAUPPAUGE
(County) SUFFOLK	(State) NEW YORK	(Zip Code) 11788
Sponsor Telephone No. 631 421-1727		
Proposed Number of Apprentices 1		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School
Construction Training Centers of NYS

Address
1 Comac Loop

Address
Ronkonkoma, NY 11779

School Representative:

Jeff Albert [REDACTED]
Construction Training Centers of NYS

AT Office Name and Address:

NEW YORK STATE DEPT OF LABOR
D.E.W.S.
APPRENTICESHIP UNIT (L.I.)
303 West Old Country Road 2nd Fl.
Hicksville, New York 11801

Apprentice Training Representative [REDACTED]

Date Prepared:

6-1-2016

Name and Address of DLEA:

Signature of D [REDACTED]

Date Prepared [REDACTED]

AT 8 (05/08)

NYS Department of Labor
Apprentice Training

JUN 27 2016

Central Office



Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
• Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
• Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, attached.

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

- [] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
[X] Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (www.newyork.us.jobs/).
[] Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:

Handwritten signature of Gary J. Shea

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

6/20/14 Date



JUN 27 2016

Selection Standards and Evaluations

Name of Candidate [Redacted]	Trade SKILLED CONSTRUCTION CENTER
Address [Redacted]	City _____ State _____ Zip _____

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply. Educational Achievement <input checked="" type="checkbox"/> _____ Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> _____ 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"/> _____ Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	Total	16			Total
		8			
		4			
		4			
Work Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>2</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	18			Total
		10			
		4			
		4			
Seniority <input checked="" type="checkbox"/> <u>10</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	Total	20			Total
		20			
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>5</u> Ability to Communicate <input checked="" type="checkbox"/> <u>5</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> _____ Interest and Motivation <input type="checkbox"/> <u>5</u> Other _____ <input type="checkbox"/> _____ Other _____	Total	35			Total
		10			
		10			
		5			
		10			

Total Allowable Points → **89** Total Score → _____

Rank _____

Evaluated by _____ (Name) _____ Date _____

Sponsor Name HILUME CORP

Sponsor Address 175 KENNEDY DR., HAUPPAUGE, NY 11788

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JUN 21 REC'D
NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT



Department of Labor

New York State Department of Labor

RECEIVED HICKSVILLE, L. I.

MAY 31 REC'D

NYS DEPARTMENT OF LABOR APPRENTICESHIP UNIT

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code [Redacted] Trade Code 18-514

NYS Department of Labor Apprentice Training

Hilume Corp (Sponsor) JUN 27 2016, located at

175 Kennedy Drive, Hauppauge, NY 11788 (Address) Central Office

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

the occupation of Skilled Construction Craft Laborer (Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

Minimum Age: 18

Minimum Education: High School Diploma or G.E.D. or TASC Speak/read/write english to a 3rd grade level

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

An affidavit from the applicant stating that they are physically capable of fulfilling the work requirements as shown below.

(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:

Vision that permits safe working in difficult areas and the reading of plans, directions, etc.. Capable of pulling, pushing and lifting items up to 75 lbs. Work in outside and inside environments with temperatures ranging from 20 -98 degrees. Tolerate weather conditions such as rain and snow. Work with hand tools that cut, chop and break materials which create loud noise and dust conditions.

Other:

Be capable of working at heights. Work on ladders up to 25' high and on ariel lifts up to 125'. Capable of being on your feet for 8 hours per day, reaching up to levels and bending and squatting to lift items from floor. Must be able to walk up/down stairs, ladders and ramps many time in a day while carrying materials/debris etc. Will be required to have, or immediately obtain, OSHA 10 Construction Safety Training approx. \$90.00 reimbursed by HLC. - (All NYS Public Works and all of NYC job sites require OSHA 10 training)

Other:

Applicants will typically work an 8 hour day, M-F, from 7:00AM to 3:30 PM. However starting times can be as early as 5:00 AM or as late as 9:00AM. Applicant will need hand tools(hammer,tape measure,tool pouch, flat bar, snips)approx \$75. Valid NYS drivers license, apprentice may be required to drive company vehicle. Apprentice is required to have own transportation to job sites through out the NYC 5 boros, Westchester, Nassau and Suffolk counties

Application Forms May be Obtained From: Dates: From: T.B.D To: T.B.D

Name: Hilume Corp Days: Monday - Friday (except legal holidays)

Address: Times: 9:00AM - 4:30PM

175 Kennedy Dr Hauppauge, NY 11788

Phone Number: (631) 421 - 1727 Email Address: [Redacted]

Special Instructions:

Applications must be made in person. No email or post mail applications accepted

All Applications Must be (please check) [X] Received [] Postmarked no Later Than: TBD