



Department of Labor

NYS DOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

NYS Department of Labor
Apprentice Training
JUN 28 2016
Central Office

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: Jablonski Excavating, Inc.
B. Trade(s):
C. Type of Apprenticeship Training Program (check one):
1 [x] 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:
E. Entity completing this form (check one):
[x] 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: 678 County Highway 108
City/Town: St. Johnsville State: NY Zip Code: 13452
G. Email: H. Phone: (518) 568-5874 I. Fax: (518) 568-5888
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? [x] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[x] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 13 years
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] 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 [x] 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 [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [x] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

Central Office

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 6/16/2016
Print name and title: Stephen Jablonski, President
Sworn to me this: 16th day of June, 2016
Signature of Notary Public or Commissioner of Deeds _____

NYS DOL Official Use Only

Field - Receipt Date Stamp

PATRICIA J. LAUX
Notary Public, State of New York
Reg. #01LA4805471
Residing in Montgomery County
My Commission Expires 6/30/2018



New York State Department of Labor

NYS Department of Labor
Apprentice Training

APR 11 2016

Apprentice Training Program Registration Agreement

Central Office

Revision New program
(nature of change)

State Use Only
AT sponsor no.
ATP code 18514
Effective date of AT program

- Name of sponsor: Jablonski Excavating, Inc.
- Mailing address: 678 County Highway 108, St. Johnsville, NY 13452, Fulton
(number & street) (city) (state) (zip code) (county)
- Actual address: same
(number & street) (city) (state) (zip code) (county)
- Telephone no.: 518-568-5874 518-568-5888
(telephone #) (ext. #) (fax #)
- Trade/Occupation: Skilled Construction Craft Laborer
- No. employees: 5 No. apprentices: 1 No. journeyworkers: 3 7. Ratio: 1:1, 1:3
(non-standard)
- ISC code: 9. DOT code: 869.463.580 10. Length of program: 24 months
- Apprentice probationary period: 6 months 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$ 16 per hour 14. Effective date of wages: 3/14/16
- Apprentice wage progression for each period - in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/> H <input type="checkbox"/> 1-12	M <input checked="" type="checkbox"/> H <input type="checkbox"/> 12-24	M <input type="checkbox"/> H <input type="checkbox"/>							
\$10	\$14								

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

17. [Signature] 3/17/2016 18. N/A 1/1
 Signature of official sponsor representative Date Signature of union representative Date
Stephen J. Jablonski _____
 Print name and title Print name, title, and union name

19. _____ 1/1
 Signature New York State Department of Labor Date



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade
Skilled Construction Craft Laborer
Sponsor Name
Jablonski Excavating, Inc.
Sponsor's Representative
Stephen Jablonski
Sponsor Address (No. & Street) (City)
678 County Highway 108, St. Johnsville
(County) (State) (Zip Code)
Fulton, NY, 13452
Sponsor Telephone No.
518-568-5874
Proposed Number of Apprentices
1

AT Office Name and Address:
 Albany Field Office
 Harriman State Office Campus
 Building 12, [REDACTED]
 Albany, NY 12240

Apprentice Training Representative:
 [REDACTED]

Date Prepared:
 3/18/16

AT 8 (05/08)

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School
 BOCES – Hamilton-Fulton-Montgomery
 Address
 2755 State Highway 67
 Address
 Johnstown, NY 12095
 School Representative:
 Michael DiMezza

Name and Address of DLEA:
 Jay DeTraglia
 2755 State Highway 67
 Johnstown, New York 12095

Signature
 [REDACTED]

Date Prepared:
 3.21.2016

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**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; 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 Division of Equal Opportunity Development 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, Notice of Apprentice Training Opportunity, and Form AT 508. Selection Standards and Evaluation, attached.

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

- Listing all apprentice openings with the NYS Department of Labor Division of Employment Services for a minimum of five full working days before selections are made.
- 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 Department of Labor Division of Employment Services.
- 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 above named sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: _____

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

Date

3, 11, 2016



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

Jablonski Excavating, Inc.

, located at

(Sponsor)

678 County Highway 108 St. Johnsville, NY 13452

(Address)

is presently accepting applications for an estimated 1 apprenticeship training positions in
(No. of openings)

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: 17

Minimum education: 10th grade

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

NYS Department of Labor
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(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: Must be capable of moving heavy objects and equipment weighing 50 to 100 lbs.

Must be capable of working off of ladders and in trenches.

Other: _____

Other: _____

Application forms may be obtained from:

Dates: From: _____ to: _____

Name: Jablonski Excavating, Inc.

Days: Weekdays

Address: 678 County Highway 108 St. Johnsville, NY 13452

Times: 8:00 am to 4:00 pm

Phone number: () 518-568-5874

Email address: [REDACTED]

Special instructions: Applications are available weekdays excluding holidays

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



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

NAME OF CANDIDATE	TRADE Skilled Construction Craft Laborer
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- 10 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 10 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 _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
TOTAL	20			TOTAL

WORK EXPERIENCE

- 10 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	20			TOTAL

SENIORITY

- 10 POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM
- OTHER _____

TOTAL	20			TOTAL

JOB APTITUDE

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

TOTAL				TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 0-10 ABILITY TO COMMUNICATE
- 0-10 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 0-10 ABILITY TO REASON AND COMPREHEND
- 0-10 INTEREST AND MOTIVATION
- OTHER _____
- OTHER _____

TOTAL	40			TOTAL

TOTAL ALLOWABLE POINTS

100	TOTAL SCORE	
-----	-------------	--

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME Jablonski Excavating, Inc.

SPONSOR ADDRESS 678 County Highway 108 St. Johnsville NY 13452

NYS Department of Labor
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