



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

NYS Department of Labor Apprenticeship Training SEP 08 2016 Control 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: Judlau - TC Electric JV
B. Trade(s): Electrician
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
D. Name of entity completing this form: Judlau - TC Electric JV
E. Entity completing this form (check one): Individual Employer/Sponsor Union JAC/JATC Association
F. Mailing address: Street: 26-15 Ulmer Street City/Town: College Point State: NY Zip Code: 11354
G. Email: H. Phone: (718) 554-2680 I. Fax: (718) 554-2719
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?
O. Within the past five (5) years, have you done business under a different name? Yes No
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

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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 8/9/16

Print name and title: CHARLES MAGRATH, PRESIDENT

Sworn to me this: 9 day of AUGUST, 2016 Signature of Notary Public or Commissioner of Deeds _____



SOHAN M. KHAN
Notary Public - State of New York
No. 01KH6218525
Qualified in Bronx County
My Commission Expires March 8, 2018



NYS Department of Labor Apprenticeship Training

New York State Registered Apprenticeship Training Program

AUG 26 2016

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.

NYC Department of Labor Apprenticeship Training SEP 08 2016

Section I

A. Sponsor name: Judlau Contracting Inc.

B. Trade(s): Electrician

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: Judlau Contracting Inc.

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: 26-15 Ulmer Street

City/Town: College Point State: NY Zip Code: 11354

G. Email: [redacted] H. Phone: [redacted] I. Fax: [redacted]

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? [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? 35

O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No

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

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.

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 6/2/16

Print name and title: Cesar Pereira Vice President

Sworn to me this: 2nd day of June, 2016 _____
 Signature of Notary Public or Commissioner of Deeds

NYS Department of Labor
 Apprenticeship Training Office
 JUN 23 2016
 NYC
 Field - Receipt Date Stamp

JANE LOFRANZI
 NOTARY PUBLIC, STATE OF NEW YORK
 QUEENS COUNTY
 LIC. # 01106138419
 COMM. EXP. 02/28/2016
 18

NYS Department of Labor
 Apprenticeship Training
 SEP 08 2016
 Central Office



New York State

Registered Apprenticeship Training Program

AUG 26 2016

Sponsor Information Sheet and Instructions

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NYC
Department of Labor
Apprenticeship Training

SEP 08 2016

Central Office

Section I

- A. Sponsor name: TC Electric LLC
- B. Trade(s): Electrician
- 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: TC Electric LLC
- 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: 14-45 117th Street
 City/Town: College Point State: NY Zip Code: 11356
- G. Email: [REDACTED] H. Phone: (718) 554-2680 I. Fax: (718) 554-2719
- 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?..... 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? 10
- 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

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 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

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- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
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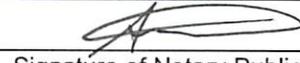
June 6, 2016

Signature of CEO, Chair, or representative granted legal authority to bind the Entity

Date

Print name and title: Charles Magrath, President

Sworn to me this: 2nd day of JUNE 2016



Signature of Notary Public or Commissioner of Deeds



SOHAN M. KHAN
 Notary Public - State of New York
 No. 01KH6218525
 Qualified in Bronx County
 My Commission Expires March 8, 2018



SEP 08 2016

Apprentice Training Program Registration Agreement

Central Office

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<u>17-072</u>
Effective Date of AT Program	

1. Name of Sponsor: Judlau - TC Electric JV
2. Mailing Address: 160-55 Cross Bay Blvd., # 203 Howard Beach New York 11414 Queens
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 26-15 Ulmer Street College Point New York 11354 Queens
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 718-554-2680 Ext. _____ Fax No.: 516-554-2719
5. E-mail Address: _____
6. Trade/Occupation: Electrician
7. No. Employees: 16 No. Apprentices: 1 No. Journeyworkers: 5 8. Ratio: 1:1, 1:3
9. DOT Code: 824-261-010 10. Length of Program: 60 months
11. Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 19.25 per hour 14. Effective Date of Wages: April 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"/>				
H <input checked="" type="checkbox"/>	H <input type="checkbox"/>								
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

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

17. Charles Magrath 8/19/16 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

CHARLES MAGRATH, PRESIDENT _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

AUG 26 2016

NYC



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade	Electrician	
Sponsor Name	Judlau TC Electric JV	
Sponsor's Representative	Joanne B. Monez	
Sponsor Address (No. & Street)	(City)	
26-15 Ulmer Street	College Point	
(County)	(State)	(Zip Code)
Queens	New York	11354
Sponsor Telephone No.	(718) 554-2680	
Proposed Number of Apprentices	1	

AT Office Name and Address

APPRENTICESHIP TRAINING [REDACTED]
75 VARICK STREET 7th FLOOR
NEW YORK, NY 10013
[REDACTED]

Apprentice Training Representative: [REDACTED]

Date Prepared: December 1, 2015

AT 8 (11-98)

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

BTEEA - Transit Tech High School
(Name of School)

One Wells Street
(Address)

Brooklyn, New York 11208
(Address)

Joanne B. Monez
(School Representative)

Name and Address of DLEA: New York City Dept. of Education
Brooklyn Adult Learning Center
475 Nostrand Avenue
Brooklyn, NY 11216

Signature of DLEA: [REDACTED]

Date: 12/09/15

(Must be completed and returned within 10 days from receipt.)

NYS Department of Labor
Apprenticeship Training Office
SEP 08 2015
Control Office

NYS Department of Labor
Apprenticeship Training Office

DEC 14 2015

NYC

NYS Department of Labor
Apprenticeship Training Office

NOV 09 2015

NYC

Apprenticeship Agreement

SEP 08 2016

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, M.I.) SWAIN Leonard		1. Name of Program Sponsor Judlau - TC Electric JV			
[Redacted]		NYS Department of Labor Apprenticeship Training Office			
		Physical address of Program Sponsor (no. and street) 26-15 Ulmer Street			
		City College Point	County Queens	State NY	Zip code 11354
		Mailing address of Program Sponsor (no. and street) BTEEA 160-55 Cross Bay Blvd., # 203			
		City Howard Beach	County Queens	State NY	Zip code 11414
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician					
3. Start Date	4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BTEEA - Transit Tech, Brooklyn, NY		7. Minimum Journey-Worker Rate \$ 19.25 per hour			
RI Compensated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
8. Credit for previous training or experience: <input type="checkbox"/> Months <input type="checkbox"/> Points <input type="checkbox"/> Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):					

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Leonard Swain 8/16/2016 [Signature] 8/16/16
Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

Signature New York State Department of Labor / /
Date

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only	
Date	Init.
To ATC _____	_____
To DLEA _____	_____
Data Entry _____	_____

Signature of Official Sponsor Representative Date Print Name

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative Date Print Name

State Use Only	
Date	Init.
To ATC _____	_____
To DLEA _____	_____
Data Entry _____	_____



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training

SEP 08 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, Apprenticeship 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.
- 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: _____

Charles M. Marzath

8/19/16

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

Date

CHARLES MARZATH PRESIDENT



AUG 26 2016

New York State Department of Labor

NYC

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____
Trade Code 17-072

Judlau - TC Electric JV, located at _____
(Sponsor)
26-15 Ulmer Street
(Address) NYS Department of Labor
Apprenticeship Training
is presently accepting applications for an estimated TBD apprentice training positions in SEP 08 2016
(No. of Openings)
the occupation of Electrician Central Office
(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, GED, or TASC

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

An apprentice electrician is required to perform all phases of work in the electrical installation industry. This will include working with hand tools and power tools, and being exposed to loud noises, hazardous machinery, hazardous voltages and respiratory irritants. It may also include prolonged standing, climbing, walking and repeated squatting, stretching and bending.

Other:

Some work may be required under extreme temperature exposure from 0 degrees (outside work in the winter) to 140 degrees (the inside of a ceiling in the summer or boiler rooms year round). Additionally, everyday work may be at such temperatures and in confined areas where movement is greatly limited (such as transformer vaults and equipment services tunnels).

Other:

An electrician is expected to lift and move heavy fixtures and equipment up to 100 pounds, and will also work from, ladders, scaffolds and personnel lifts, which may exceed 100 feet. As an essential function of the job, an electrician should have the ability to distinguish colors.

Application Forms May be Obtained From: _____
Name: Building Trades Employers Educational Association
Address: _____
160-55 Cross Bay Blvd., Suite 203
Howard Beach, New York 11414
Phone Number: _____
Dates: From: TBD To: TBD
Days: Monday - Friday
Times: 2PM - 4PM
Email Address: _____

Special Instructions:

All applicants must submit proof of birth date upon selection.

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



SEP 08 2016

Sponsor Code _____ Trade Code(s) 17-072

Selection Standards and Evaluations Control Office

Name of Candidate	Trade <u>Electrician</u>		
Address	City	State	Zip

Only those checked apply.	Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement	Total		Total
<input checked="" type="checkbox"/> 5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	35		
<input checked="" type="checkbox"/> 5 Points for Each Year of Related Technical Education Past Grade <u>9</u> or Equivalent as Recognized by Local Educational Authorities	10		
<input checked="" type="checkbox"/> 5 Points for Each Trade Related Adult or Continuing Education Course Completed	15		
<input type="checkbox"/> Other _____	10		
Work Experience	Total		Total
<input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience	35		
<input checked="" type="checkbox"/> 5 Points for Each Year of Active Military Experience	15		
<input checked="" type="checkbox"/> 5 Points for Each Year of General Work Experience	5		
<input type="checkbox"/> Other _____	15		
Seniority	Total		Total
<input type="checkbox"/> Points for Each Year of Employment With The Sponsoring Firm			
<input type="checkbox"/> Other _____			
Job Aptitude	Total		Total
<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 _____			
Oral Interview: Not to Exceed 40% of Total Score	Total		Total
<input checked="" type="checkbox"/> 3 Ability to Communicate	15		
<input checked="" type="checkbox"/> 5 Willingness to Accept Obligation of Apprenticeship	3		
<input checked="" type="checkbox"/> 2 Ability to Reason and Comprehend	5		
<input checked="" type="checkbox"/> 5 Interest and Motivation	2		
<input type="checkbox"/> Other _____	5		
<input type="checkbox"/> Other _____			

Total Allowable Points → **85** Total Score → _____

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Judlau - TC Electric JV

Sponsor Address 26-15 Ulmer Street, College Point, New York 11354