NEW YORK STATE OF OPPORTUNITY. | **Department of Labor**

NYSDOL Use Only: Sponsor No._____
☑ New Program ☐ Reactivation ☐ Revision ☐ Recertification

NYS Department of Labor
Apprenticeship Training Office
JUL 06 2016
NYC

NYS Department of Labor
Apprentice Training
JUL 18 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: LAURA ELECTRICAL LIGHTING & MAINTENANCE SERVICE 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: LAURA ELECTRICAL LIGHTING & MAINTENANCE SERVICE 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: 119-19 15TH AVE
City/Town: COLLEGE POINT State: NY Zip Code: 11356

G. Email: [redacted] H. Phone: (718) 661-2800 I. Fax: (718) 744-2001

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

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.

NYS Department of Labor
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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.

Constance Gargiulo — 6/22/16

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

Print name and title: Constance Gargiulo President

Sworn to me this: 22 day of June, 2016 — Dawn Marie Torres

Signature of Notary Public or Commissioner of Deeds

NYSDOL Official Use Only
NYS Department of Labor
Apprenticeship Training Office
JUL 06 2016
NYC
Field - Receipt Date Stamp

DAWN MARIE TORRES
Notary Public - State of New York
NO. 01TO6195537
Qualified in Queens County
My Commission Expires Oct 27, 2016

NEW YORK STATE OF OPPORTUNITY. Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training
JUL 13 2016
Central Office

# Apprentice Training Program Registration Agreement

**Revision** ☐

Nature of Change: NEW PROGRAM

| State Use Only |
|---|
| AT Sponsor No. |
| ATP Code 17-072 |
| Effective Date of AT Program |

1. Name of Sponsor: LAURA ELECTRICAL LIGHTING & MAINTENANCE SERVICE INC
2. Mailing Address: 119-19 15TH AVE (number & street) | COLLEGE PT (city) | NY (state) | 11356 (zip code) | QUEENS (county)
3. Actual Address: 119-19 15TH AVE (number & street) | COLLEGE PT (city) | NY (state) | 11356 (zip code) | QUEENS (county)
4. Telephone No.: 7186612800 Ext. _____ Fax No.: 7187442001
5. E-mail Address: [redacted]
6. Trade/Occupation: ELECTRICIAN
7. No. Employees: 10 No. Apprentices: 2 No. Journeyworkers: 10 8. Ratio: 1:1,1:3
9. DOT Code: 824-261-012 10. Length of Program: 60 months
11. Apprentice Probationary Period: 12 12. Work process: Standard ☒ or Revised ☐
13. Minimum Journeyworker Rate: $25.00 per HR 14. Effective Date of Wages: 6/13/16

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| M ☐ H ☒ 1640 | M ☐ H ☒ 1640 | M ☐ H ☒ 1640 | M ☐ H ☒ 1640 | M ☐ H ☒ 1640 | M ☐ H ☐ | M ☐ H ☐ | M ☐ H ☐ | M ☐ H ☐ | M ☐ H ☐ |
| 14.00 | 15.00 | 16.00 | 18.00 | 20.00 | | | | | |

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

17. Constance Giacomelo 6/22/16
Signature of Official Sponsor Representative — Date

Constance Giacomelo Registrant
Print Name and Title

18. _____ _____
Signature of Union Representative — Date

Print Name, Title, and Union Name

19. _____ _____
Signature New York State Department of Labor — Date

NYS Department of Labor
Apprenticeship Training Office
JUL 06 2016
NYC

AT 10 (4-16)

NEW YORK STATE OF OPPORTUNITY. Department of Labor

New York State Department of Labor

Sponsor Code _____
Trade Code 17-072

# Related Instruction Availability

Trade: Electrician

NYS Department of Labor
Apprentice Training
JUL 13 2016
Central Office

Sponsor Name: Laura Electrical Lighting & Maintenance Service Inc.

Sponsor Representative: Constance Gargiulo

Sponsor Address:

No. & Street: 119-19 15th Ave City: College Point

County: Queens State: NY Zip Code: 11356

Sponsor Telephone No.: 718-661-2800

Proposed Number of Apprentices: 2

**AT Office**
Name: NYSDOL Workforce Development & Training Division
No. & Street: 75 Varick St. 7th Floor
City: New York State: NY Zip Code: 10013

Apprentice Training Representative: [redacted] Date Prepared: 6-20-2016

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○ Related instruction is **not** available.

NYS Department of Labor
Apprenticeship Training Office
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NYC

◉ Related instruction **is** available at:

**School**
Name: Oriska Corp at SUNY Maritime College
No. & Street: 6 Pennyfield Ave
City: Bronx State: NY Zip Code: 10465
School Representative: [redacted]

**School**
Name:
No. & Street:
City: State: Zip Code:
School Representative:

**DLEA**
Name: Joan Mosley
No. & Street: 475 Nostrand Ave
City: Brooklyn State: NY Zip Code: 11216

Signature of DLEA [redacted] Date Prepared: [redacted]

AT 8 (6-16)

NEW YORK STATE OF OPPORTUNITY. | Department of Labor

Please send to your regional DOL office:

NYS Department of Labor
Apprentice Training

# Apprenticeship Agreement

JUL 13 2016

## I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

| | |
|---|---|
| Name of Apprentice (Last, First, M.I.)<br>Maye, Vincent P [redacted] | 1. Name of Program Sponsor<br>Laura Electrical Lighting & Maintenance Service, Inc |
| [redacted] | Physical address of Program Sponsor (no. and street)<br>119-19 15th Ave |
| | City: College Point; County: ; State: N.Y.; Zip code: 11356 |
| | Mailing address of Program Sponsor (no. and street)<br>NYS Department of Labor<br>Apprenticeship Training Office |
| | City: ; County: ; State: ; Zip code: JUL 06 2016 |
| | 2. Trade: ☑ Time-based ☐ Competency-based ☐ Hybrid<br>NYC<br>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)<br>Orista Corp Suny Maritime College 6 Pennyfield Ave Bronx NY 10465 | RI Compensated ☐ Yes ☑ No ; 7. Minimum Journey-Worker Rate $25.00 |

8. Credit for previous training or experience: Months Points Sections

☐ Reinstatement ☐ Vocational Education ☐ Transfer ☐ 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 | | | | | |
| $14.00 | $15.00 | $16.00 | $18.00 | $20.00 | | | | | |

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

[signature] 6 27 16 [signature] 6 27 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

**State Use Only**

| | | |
|---|---|---|
| To ATC | [redacted] | |
| To DLEA | | |
| Rank Verify | | |
| Data Entry | | |

**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.

**State Use Only**

| | Date | Init. |
|---|---|---|
| To ATC | | |
| To DLEA | | |
| Data Entry | | |

_____ / / _____

Signature of DLEA Representative — Date — Print Name

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Please send to your regional DOL office:

NYS Department of Labor
Apprentice Training

JUL 13 2016

# Apprenticeship Agreement

## I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

| | |
|---|---|
| Name of Apprentice (Last, First, M.I.)<br>Rosado, Pedro | [redacted] |
| [redacted] | 1. Name of Program Sponsor<br>Laura Electrical Lighting & Maintenance Service, Inc Central Office |
| | Physical address of Program Sponsor (no. and street)<br>119-19 15th Ave |
| | City: College Point; County: ; State: N.Y.; Zip code: 11356 |
| | Mailing address of Program Sponsor (no. and street)<br>NYS Department of Labor<br>Apprenticeship Training Office |
| | City: ; County: ; State: ; Zip code:<br>JUL 06 2016 |
| | 2. Trade: ☑ Time-based ☐ Competency-based ☐ Hybrid<br>NYC<br>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)<br>Orista Corp Suny Maritime College 6 Pennyfield Ave Bronx NY 10465 | RI Compensated ☐ Yes ☑ No; 7. Minimum Journey-Worker Rate: $25.00 |
| 8.Credit for previous training or experience: Months Points Sections<br>☐ Reinstatement ☐ Vocational Education ☐ Transfer ☐ 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 | | | | | |
| $14.00 | $15.00 | $16.00 | $18.00 | $20.00 | | | | | |

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

Signature of Apprentice and Parent/Guardian if age 16-17 — Date: 6/27/16 — Signature of Official Sponsor Representative — Date: 6/27/16

Registered by the New York State Department of Labor:

Signature New York State Department of Labor — Date: / /

**State Use Only**
To ATC [redacted]
To DLEA
Rank Verify ____ ____
Data Entry ____ ____

**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 | | |

NEW YORK STATE OF OPPORTUNITY. Department of Labor

New York State Department of Labor

NYS Department of Labor Apprentice Training

JUL 13 2016

NYS Department of Labor Apprenticeship Training Office

JUL 06 2016

Central Office NYC

# 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.
- ☒ 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: Constance Gargiulo 6/22/16

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

CONSTANCE GARGIULO PRESIDENT

[redacted]

NYS Department of Labor
Apprenticeship Training Office

JUL 0 6 2016

NEW YORK STATE OF OPPORTUNITY. Department of Labor

New York State Department of Labor

NYS Department of Labo
Apprentice Training

JUL 1 3 2016

NYC **Apprentice Training Recruitment Notification and Minimum Qualifications** Central Office

Sponsor Code _____

Trade Code 17-072

LAURA ELECTRICAL LIGHTING & MAINTENANCE SERVICE INC , located at
(Sponsor)

119-19 15TH AVE COLLEGE POINT NY 11356
(Address)

is presently accepting applications for an estimated 0 apprentice training positions in
(No. of Openings)

the occupation of ELECTRICAN .
(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/TASC

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

(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:
DRUG TEST TO BE PERFORMED WHEN APPLICANT IS CONSIDERED FOR EMPLOYMENT. PAID FOR BY SPONSOR

Other:
MUST HAVE DRIVERS LICENSE TO OPERATE COMPANY VEHICLE AND DRIVE TO RELATED CLASSES AND JOB SITE

Other:

Application Forms May be Obtained From:

Name: CONSTANCE GARGIULO

Address:
119-19 15TH AVE
COLLEGE PT NY 11356

Phone Number: (718 ) 661 - 2800

Dates: From: _____ To: _____

Days: _____

Times: _____

Email Addres: [redacted]

Special Instructions:

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

AT 505 (04/16)

See Instructions on Reverse Side

NEW YORK STATE OF OPPORTUNITY. | Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training
JUL 13 2016

Sponsor Code _____
Trade Code(s) _____
17-072

# Selection Standards and Evaluations

Central Office

| Name of Candidate | Trade ELECTRICIAN | | |
|---|---|---|---|
| Address | City | State | Zip |

| Only those checked apply. | | Maximum Points Allowable | Number of Years Credited | Score | |
|---|---|---|---|---|---|
| **Educational Achievement** | **Total** | 25 | | | **Total** |
| ☑ 5 Points for Each Year of Educational Past Grade 12 or Equivalent as Recognized by Local Educational Authorites | | 10 | | | |
| ☑ 5 Points for Each Year of Related Techincal Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorites | | 10 | | | |
| ☑ 5 Points for Each Trade Related Adult or Continuing Education Course Completed | | 5 | | | |
| ☐ ___ Other _____ | | | | | |
| **Work Experience** | **Total** | 25 | | | **Total** |
| ☑ 5 Points for Each Year of Trade Related Work Experience | | 10 | | | |
| ☑ 5 Points for Each Year of Active Military Experience | | 10 | | | |
| ☑ 5 Points for Each Year of General Work Experience | | 5 | | | |
| ☐ ___ Other _____ | | | | | |
| **Seniority** | **Total** | 10 | | | **Total** |
| ☑ 5 Points for Each Year of Employment With The Sponsoring Firm | | 10 | | | |
| ☐ ___ Other _____ | | | | | |
| **Job Aptitude** | **Total** | | | | **Total** |
| ☐ ___ SATB (Specific Aptitude Test Battery) # _____ Points for High_____ Medium _____ Low _____ | | | | | |
| ☐ ___ Name of Alternative Aptitude Test_____ Administered by _____ | | | | | |
| ☐ ___ Other _____ | | | | | |
| **Oral Interview: Not to Exceed 40% of Total Score** | **Total** | 40 | | | **Total** |
| ☑ 2 Ability to Communicate | | 10 | | | |
| ☑ 2 Willingness to Accept Obligation of Apprenticeship | | 10 | | | |
| ☑ 2 Ability to Reason and Comprehend | | 10 | | | |
| ☑ 2 Interest and Motivation | | 10 | | | |
| ☐ ___ Other _____ | | 10 | | | |
| ☐ ___ Other _____ | | | | | |

**Total Allowable Points** → 100 | **Total Score→** _____

Rank _____

Evaluated by _____ Date _____
(Name)

Sponsor Name LAURA ELECTRICAL LIGHTING & MAINTENANCE SERVICE INC

Sponsor Address 119-19 15TH AVE COLLEGE POINT N.Y. 11356

NYS Department of Labor
Apprenticeship Training Office
JUL 06 2016
NYC

AT 508 (5-16)