



New York State Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training Office JUL 08 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.

NYS Department of Labor Apprenticeship Training AUG 05 2016

Section I

Central Office

A. Sponsor name: MAC FHIONNGHAILE & SONS ELECTRICAL 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: MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING 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: 740 LLOYD ROAD, UNIT 14A
City/Town: ABERDEEN State: NJ Zip Code: 07747

G. Email: [Redacted] H. Phone: 718-266-1391 I. Fax: 732-970-5573

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? 1

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:

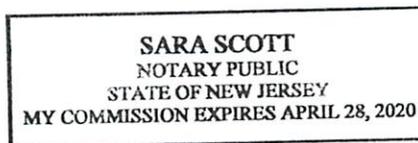
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity: *AMC* Date: 6/22/2016

Print name and title: AMANDA MCGINLEY, PRESIDENT

Sworn to me this: 22 day of June 2016 Signature of Notary Public or Commissioner of Deeds: *S. SCOTT*





AUG 05 2016

Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

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

- 1. Name of Sponsor: MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.
2. Mailing Address: 740 LLOYD RD UN ABERDEEN NJ 07747 MONMOUTH
3. Actual Address: 134 QUENTIN RD BROOKLYN NY 11223 KINGS
4. Telephone No.: 718-266-1391 Ext. Fax No.: 732-970-5573
5. E-mail Address:
6. Trade/Occupation: ELECTRICIAN
7. No. Employees: 35 No. Apprentices: 4 No. Journeyworkers: 31 8. Ratio: 1:1, 1:3
9. DOT Code: 824-261-010 10. Length of Program: 60 months
11. Apprentices Probationary Period: 12 MONTHS 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$19.25 per HOUR 14. Effective Date of Wages: 5/5/2016

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

Table with 10 columns (1-10) and 3 rows (M/H, Rate, Hours) showing wage progression details.

NYS Department of Labor Apprenticeship Training Office

JUL 08 2016

NYC

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

17. Signature of Official Sponsor Representative Amanda McGinley President Date 6/22/15
18. Signature of Union Representative Date

19. Signature New York State Department of Labor Date



Sponsor Code _____
Trade Code 17-072

Related Instruction Availability

Trade: ELECTRICIAN

Sponsor Name: MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.

NYS Department of Labor
Apprentice Training

Sponsor Representative: AMANDA MCGINLEY

AUG 05 2016

Sponsor Address:

Central Office

No. & Street: 134 QUENTIN ROAD

City: BROOKLYN

County: KINGS

State: NY

Zip Code: 11223

Sponsor Telephone No.: (718) 266-1391

Proposed Number of Apprentices: 4

AT Office

Name: NEW YORK STATE DEPARTMENT OF LABOR

No. & Street: 75 VARICK STREET - 7TH FLOOR

City: NEW YORK

State: NY

Zip Code: 10013

Apprentice Training Representative: [REDACTED]

Date Prepared: 06/22/2016

Related instruction is not available.

Related instruction is available at:

NYS Department of Labor
Apprenticeship Training Office

JUL 08 2016

School

Name: ORISKA AT SUNY MARITIME COLLEGE

No. & Street: 6 PENNYFIELD AVENUE

City: BRONX

State: NY

Zip Code: 10465

School Representative: CHARLES L. SMITH

NYC

School

Name: _____

No. & Street: _____

City: _____

State: _____

Zip Code: _____

School Representative: _____

DLEA

Name: PATRICIA O'NEIL

No. & Street: 99 WASHINGTON AVENUE, ROOM 1622 EDUCATION BUILDING

City: ALBANY

State: NY

Zip Code: 12234

Signature of DLEA
AT 8 (6-16)





JUL 08 2016

Apprenticeship Agreement

AUG 05 2016

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, M.I.) MAHARAJ, JUSTYN M.		1. Name of Program Sponsor MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC. <i>Central Office</i>		
[Redacted]		Physical address of Program Sponsor (no. and street) 134 QUENTIN ROAD		
		City County State Zip code BROOKLYN, KINGS, NY 11223		
		Mailing address of Program Sponsor (no. and street) 740 LLOYD ROAD UNIT 14		
		City County State Zip code ABERDEEN, MONMOUTH, NJ 07747		
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid ELECTRICIAN		
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____		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) ORISKA AT SUNY, 1310 UTICA ST. PO BOX 855, ORISKA NY 13924 / 6 PENNYFIELD AVE. BRONX NY 10465		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate 19.25
8. Credit for previous training or experience: 12 Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): MIDLAND ELECTRICAL CONTRACTING CORP.				

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						
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.

 _____ 06/30/16 _____  _____ 6/22/2016
 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 Quit Layoff 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	_____	_____



Apprenticeship Agreement

AUG 05 2016

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, M.I.) DEVINE, CHRISTOPHER		1. Name of Program Sponsor MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.	
[Redacted]		Physical address of Program Sponsor (no. and street) 134 QUENTIN ROAD	
		City County State Zip code BROOKLYN, KINGS, NY 11223	
		Mailing address of Program Sponsor (no. and street) 740 LLOYD ROAD UNIT 14	
		City County State Zip code ABERDEEN, MONMOUTH, NJ 07747	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid ELECTRICIAN			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____		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) ORISKA AT SUNY, 1310 UTICA ST. PO BOX 855, ORISKA NY 13924 / 6 PENNYFIELD AVE. BRONX NY 10465		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate 19.25
8. Credit for previous training or experience: 12 Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): MIDLAND ELECTRICAL CONTRACTING CORP.			

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.

C. Devine 7/12/16 [Signature] 7/12/16
 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 Quit Layoff Program Termination Transfer
 (Explain in Comments) (Lack of Work)

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.

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

NYS Department of Labor Apprenticeship Training Office

JUL 08 2016

Apprenticeship Agreement

Please send to your regional DOL office:

75 Varick St, 7th Flr, New York NY 10013

NYS Department of Labor Apprenticeship Training

AUG 05 2016

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, M.I.) DEVINE, JUSTIN		1. Name of Program Sponsor MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC	
[Redacted]		Physical address of Program Sponsor (no. and street) 134 QUENTIN ROAD	
		City County State Zip code BROOKLYN, KINGS, NY 11223	
		Mailing address of Program Sponsor (no. and street) 740 LLOYD ROAD UNIT 14	
		City County State Zip code ABERDEEN, MONMOUTH, NJ 07747	
		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) ORISKA AT SUNY, 1310 UTICA ST. PO BOX 855, ORISKA NY 13924 / 6 PENNYFIELD AVE. BRONX NY 10465		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate 19.25
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8. Credit for previous training or experience: **12** Months Points Sections

Reinstatement Vocational Education Transfer Previous Experience (Employer name): **MIDLAND ELECTRICAL CONTRACTING CORP.**

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.

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 6/28/16

Signature of Official Sponsor Representative: [Signature] Date: 6/22/2016

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

NYS Department of Labor Apprenticeship Training Office

JUL 08 2016

Apprenticeship Agreement

Please send to your regional DOL office:

75 Varick St, 7th Flr, New York NY 10013

NYS Department of Labor Apprenticeship Training

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code

17-072 AUG 05 2016

Name of Apprentice (Last, First, M.I.) PAUL, ADAM		1. Name of Program Sponsor MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.		
[Redacted]		Physical address of Program Sponsor (no. and street) 134 QUENTIN ROAD		
		City County State Zip code BROOKLYN, KINGS, NY 11223		
		Mailing address of Program Sponsor (no. and street) 740 LLOYD ROAD UNIT 14		
		City County State Zip code ABERDEEN, MONMOUTH, NJ 07747		
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____		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) ORISKA AT SUNY, 1310 UTICA ST. PO BOX 855, ORISKA NY 13924 / 6 PENNYFIELD AVE. BRONX NY 10465		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate 19.25	
8. Credit for previous training or experience: 18 Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): MIDLAND ELECTRICAL CONTRACTING CORP.				

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.

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 7/24/2016
 Signature of Official Sponsor Representative: [Signature] Date: 7/27/2016

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 Quit Layoff 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.

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



JUL 08 2016

Non-Discrimination Plan
(Short Form)

NYS Department of Labor
Apprenticeship Training

AUG 05 2016

- 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.

Central Office

- 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: _____

AMANDA MCGINLEY

6/22/2016

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

Date

AMANDA MCGINLEY, PRESIDENT



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprentice Training

AUG 05 2016

Apprentice Training Recruitment Notification and Minimum Qualifications

Central Office

Sponsor Code _____

Trade Code 17-072

MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC., located at _____

(Sponsor)

134 QUENTIN ROAD, BROOKLYN NY 11223

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in

(No. of Openings)

the occupation of ELECTRICIAN

(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 EQUIVALENT, AND/OR TASC TEST ASSESSING SECONDARY EDUCATION

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:

NYS Department of Labor
Apprenticeship Training Office

JUL 08 2016

NYC

Application Forms May be Obtained From:

Dates: From: _____ To: _____

Name: MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.

Days: _____

Address:
134 QUENTIN ROAD, BROOKLYN NY 11223

Times: _____

Phone Number: (718) 266 - 1391

Email Address: 

Special Instructions:

ALL APPLICANTS MUST PROVIDE PROOF OF BIRTH UPON SELECTION.

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



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprenticeship Training

Sponsor Code
Trade Code(s) 17-072

AUG 05 2016

Central Office

Selection Standards and Evaluations

Name of Candidate MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.	Trade ELECTRICIAN		
Address 134 QUENTIN ROAD	City BROOKLYN	State NY	Zip 11223

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 Educational 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>12</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 →

Evaluated by AMANDA MCGINLEY (Name)  Date 6/10/2016 Rank _____

Sponsor Name MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING INC.

Sponsor Address 134 QUENTIN ROAD, BROOKLYN NY 11223 NYS Department of Labor
Apprenticeship Training Office

AT 508 (5-16)

JUL 08 2016

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