New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor	District
Oneida Molded Plastics, LLC	Central
Name, local no. and address of union (If none, write none)	
None	
Trade/Occupation	Requested date
Quality Assurance Auditor	[redacted]

☒ Individual	☐ Joint	☐ JAC	Indentured by:		☒ State
☐ Group	☒ Non-Joint	☒ Non-JAC	☒ Employer	☐ Agent	☐ Federal

☒ **New program (explain "Yes" answers in Comments below)**

[redacted]

New York State Department of Labor

Apprentice Training Program Registration Agreement

STATE USE ONLY
AT Sponsor No. ___ ___ ___ ___ ___
ATP Code ___ ___ - ___ ___ ___ ___
Effective date of AT Program

REVISION ☐ _____
nature of change

1. Name of Sponsor Oneida Molded Plastics, LLC

2. Mailing Address 104 South Warner Street (Number & Street) Oneida (City) NY (State) 13421 (Zip Code) Madison [redacted] (County)

3. Actual Address same (Number & Street) (City) (State) (Zip Code) (County)

4. Phone (315) 363-7990 Ext: 248 Fax (315) 363-8519

5. Trade / Occupation Quality Assurance Auditor

6. No. Employees 223 No. Apprentices 2 No. Journeyworkers 2 7. Ratio 1:1;1:1 (Non-Standard) ☐

8. ISC Code _____ 9. DOT Code 1 9 4 - 3 8 7 - 0 1 0 10. Length of Program 2 4 Months

11. Apprentice Probationary Period 6 months 12. Work Process: Standard x or Revised _____

13. Minimum Journeyworker Rate $ 14.00 per hour 14. Effective Date of Wages 06/01/16

15. Apprentice Wage Progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M____	M____	M____	M____	M____	M____	M____	M____	M____	M____
H 1000	H 1000	H 1000	H 1000	H____	H____	H____	H____	H____	H____
10.00	**11.00**	**12.00**	**13.00**						

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

17. Debra S. Palmer — Signature of the Official Sponsor Representative; 5/19/16 Date

18. _____ Signature of the Union Representative; ___/___/___ Date

Debra S. Palmer, HR Manager
Print Name and Title of Official Sponsor Representative

Print Name, Title and Union Name

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

NYS Department of Labor
Apprentice Training
JUN 15 2016
Central Office

AT 10 (07-10)

NEW YORK STATE OF OPPORTUNITY. Department of Labor

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

NYS Department of Labor Apprentice Training JUN 15 2016 Central Office

RECEIVED JUN 10 2016 D.E.W.S., SYRACUSE NY

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: Oneida Molded Plastics, LLC

B. Trade(s): Maintenance, Tool Room, Quality – PM Mechanic, Toolmaker, Quality Assurance Auditor

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: _____

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: 104 S. Warner St
City/Town: Oneida State: NY Zip Code: 13421

G. Email: [redacted] H. Phone: (315) 363-7990 I. Fax: (315) 363-8519

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.

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.

S Thalmann — 5-31-16

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

Print name and title: Stephen Thalmann CEO

Sworn to me this: 31 day of May — Debra J Palmer

Signature of Notary Public or Commissioner of Deeds

NYSDOL Official Use Only

Field - Receipt Date Stamp

DEBRA PALMER
Notary Public, State of New York
Registration #01PA6174531
Qualified in Madison County
Commission Expires Sept. 24, 2019

NEW YORK STATE DEPARTMENT OF LABOR

RELATED INSTRUCTION AVAILABILITY

Trade Quality Assurance Auditor	
Sponsor Name Oneida Molded Plastics, LLC	
Sponsor's Representative Debra Palmer	
Sponsor Address *(No. & Street)* 104 South Warner Street	*(City)* Oneida
(County) [redacted] Madison	*(State)* NY *(Zip Code)* 13421
Sponsor Telephone No. 315-363-7990	
Proposed Number of Apprentices 2	

AT Office Name and Address:

NYS Department of Labor
450 S. Salina Street, Room 203
Syracuse, NY 13202

Apprentice Training Representative: [redacted]

Date Prepared: 5/13/2016

AT 8 (05/08)

☐ RELATED INSTRUCTION IS NOTAVAILABLE

☒ RELATED INSTRUCTION ISAVAILABLE AT: *

Name of School
Mohawk Valley Community College

Address
1101 Sherman Drive

Address
Utica, NY 13501

School Representative:
Dick Suhr[redacted]

Name and Address of DLEA:

Ms. Kathleen Rinaldo
Madison-Oneida BOCES
4937 Spring Road
Verona, NY 13478

Signature of DLE[redacted]

Date Prepared:

*additional
www.tooling.u.com

Tooling U Online
3615 Superior Ave. East
Building 44, 6th Floor
Cleveland, OH 44114

Oneida-Herkimer-Madison BOCES
4747 Middle Settlement Road
New Hartford NY 13413
[redacted] Kathleen Rinaldo

MACNY-SUNY ESF
5788 Widewaters Pkwy
Syracuse NY 13214
[redacted] Bruce Hamm

NYS Department of L
Apprentice Training
JUN 15 2016
Central Office

Please send to your regional DOL office:

New York State Department of Labor 450 S Salina St, Syracuse NY 13202

NYS Department of Labor
Apprentice Training
JUN 15 2016
Central Office

Apprenticeship Agreement

Sponsor No. _____ **ATP Code** _____

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Barbano, Lisa M. [redacted]	1. Name of Program Sponsor: Oneida Molded Plastics, LLC
	Physical address of Program Sponsor (no. and street): 104 South Warner Street
	City: Oneida; County: [redacted] Madison; State: NY; Zip code: 13421
	Mailing address of Program Sponsor (no. and street): same
	City; County; State; Zip code
	2. Trade: ☑ Time-based ☐ Competency-based ☐ Hybrid Quality Assurance Auditor
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? ☐ Yes ☑ No If "Yes," Trade State	3. Start Date; 4. Length of program (Months): 24; 5. DOL Apprentice Probation Period for Completion Rates (Months): 6
6. Related and Supplemental Instruction (RI) Provider(s) and location(s): www.toolingu.com; Mohawk Valley Community College, Utica; Oneida-Herkimer-Madison BOCES, New Hartford; MACNY-SUNY ESF, Syracuse	RI Compensated: ☐ Yes ☑ No; 7. Minimum Journey-Worker Rate: $14/hour
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 – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: ☐ Months ☒ Hours ☐ Points ☐ Sections

1	2	3	4	5	6	7	8	9	10
1000	1000	1000	1000						
10.00	11.00	12.00	13.00						

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

Lisa M. Barbano — 5/19/16 — Signature of Apprentice and Parent/Guardian if age 16-17 — Date

[signature] — 5/19/16 — Signature of Official Sponsor Representative — Date

Registered by the New York State Department of Labor:

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

To A[redacted]
To D
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		

Must be returned within 30 days of receipt

Please send to your regional DOL office:

New York State Department of Labor

450 S Salina St, Syracuse NY 13202

NYS Department of Labor Apprentice Training

JUN 15 2016

Central Office

Apprenticeship Agreement

Sponsor No. _____ **ATP Code** _____

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Reesh, Michael A. [redacted]	1. Name of Program Sponsor Oneida Molded Plastics, LLC
[redacted]	Physical address of Program Sponsor (no. and street) 04 South Warner Street
	City: Oneida; County: [redacted] Madison; State: NY; Zip code: 13421
	Mailing address of Program Sponsor (no. and street) ame
	City; County; State; Zip code
	2. Trade: ☑ Time-based ☐ Competency-based ☐ Hybrid Quality Assurance Auditor
	3. Start Date [redacted]; 4. Length of program (Months) 24; 5. DOL Apprentice Probation Period for Completion Rates (Months) 6
6. Related and Supplemental Instruction (RI) Provider(s) and location(s): www.toolingu.com; Mohawk Valley Community College, Utica; Oneida-Herkimer-Madison BOCES, New Hartford; MACNY-SUNY ESF, Syracuse	RI Compensated ☐ Yes ☑ No; 7. Minimum Journey-Worker Rate $14/hour

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 – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: ☐ Months ☒ Hours ☐ Points ☐ Sections

1	2	3	4	5	6	7	8	9	10
1000	1000	1000	1000						
10.00	11.00	12.00	13.00						

RECEIVED JUN 10 2016 D.E.W.S., SYRACUSE NY

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 5/26/16 — Signature of Official Sponsor Representative — Date 5/26/16

Registered by the New York State Department of Labor:

Signature New York State Department of Labor — Date / /

State Use Only	Date	Init.
To ATC		
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		

Must be returned within 30 days of receipt

NYS Department of Labor
Apprentice Training
JUN 15 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; 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.

(X) Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS 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: _____ 5 / 19 / 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

[redacted]

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

Oneida Molded Plastics, LLC
(Sponsor), located at

104 South Warner Street, Oneida, NY 13421
(Address)

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

the occupation of Quality Assurance Auditor.
(Trade)

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

Minimum Qualifications

Minimum age: 18

Minimum education: High school diploma or equivalent

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: Drug testing after an offer of employment is made. Testing is paid for by the sponsor.

Other: _____

Other: _____

Application forms may be obtained from:

Name: Oneida Molded Plastics, LLC

Address: 104 South Warner Street
Oneida, NY 13421

Dates: From: _____ to: _____

Days: _____

Times: _____

Phone number: (315) 363-7990

Email address: _____

Special instructions: _____

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

See Instructions on Reverse Side

AT 505 (7-10)

NYS Department of Labor
Apprentice Training

JUN 15 2016

Central Office

NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

NAME OF CANDIDATE	TRADE Quality Assurance Auditor
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

		MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
EDUCATIONAL ACHIEVEMENT	TOTAL	25			TOTAL
[X] 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES		10			
[X] 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 10 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES		10			
[X] 1 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED		5			
[ ] ___ OTHER ___					
WORK EXPERIENCE	TOTAL	25			TOTAL
[X] 2 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE		10			
[X] 2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE		10			
[X] 1 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE		5			
[ ] ___ OTHER ___					
SENORITY	TOTAL				TOTAL
[ ] ___ POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM					
[ ] ___ OTHER ___					
JOB APTITUDE	TOTAL				TOTAL
[ ] SATB (SPECIFIC APTITUTE 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	20			TOTAL
[X] 0-5 ABILITY TO COMMUNICATE		5			
[X] 0-5 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP		5			
[X] 0-5 ABILITY TO REASON AND COMPREHEND		5			
[X] 0-5 INTEREST AND MOTIVATION		5			
[ ] ___ OTHER ___					
[ ] ___ OTHER ___					
TOTAL ALLOWABLE POINTS →		70	TOTAL SCORE →		

RANK ___

EVALUATED BY ___ (Name) DATE ___

SPONSOR NAME Oneida Molded Plastics, LLC

SPONSOR ADDRESS 104 South Warner Street, Oneida NY 13421

NYS Department of Labor
Apprentice Training
JUN 15 2016
Central Office

AT-508 (03/08)