



New York State Department of Labor

Apprentice Training Program Transmittal

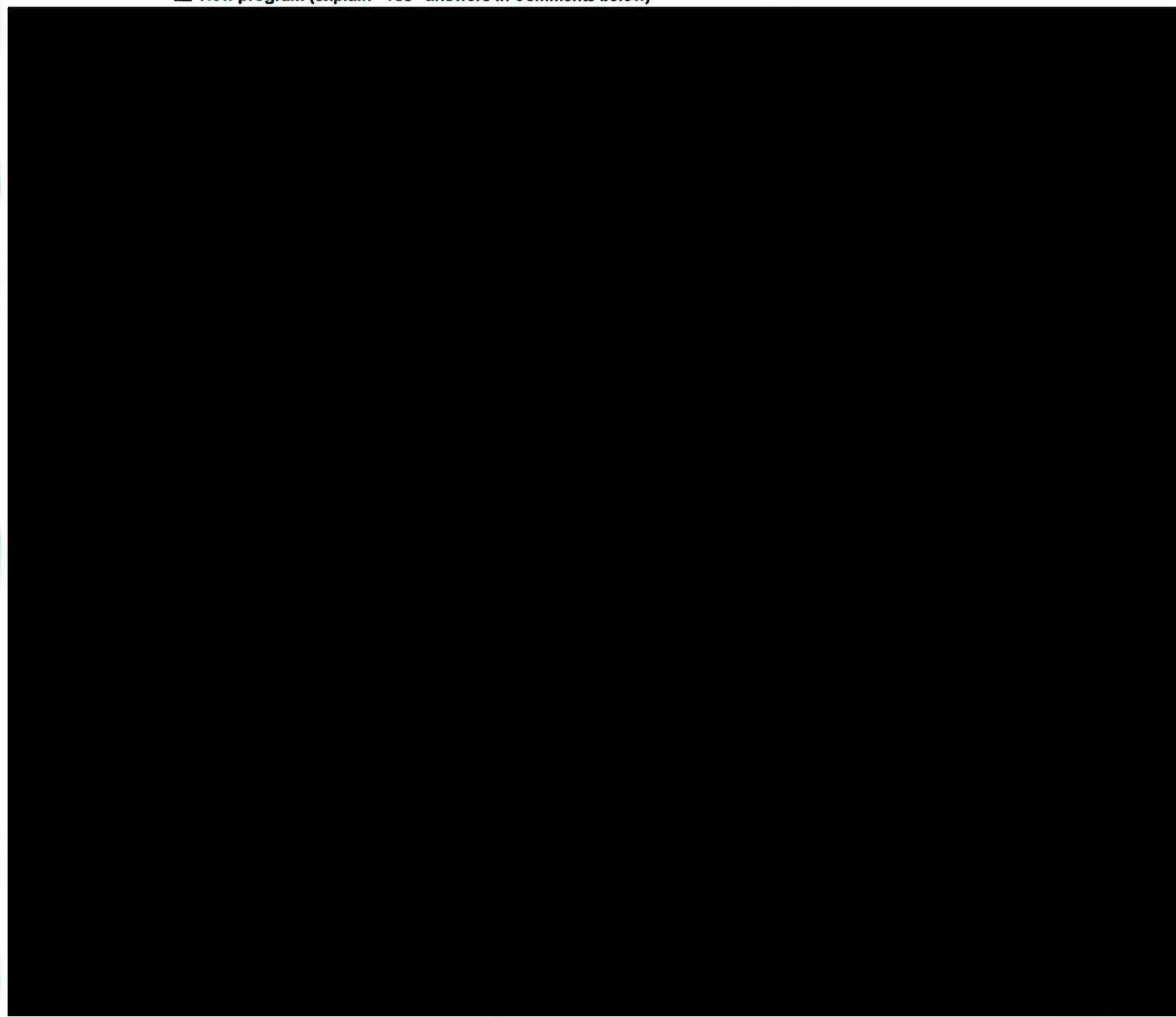
NYS Department of Labor
Apprentice Training

JUN 15 2016

Central Office

Sponsor Oneida Molded Plastics, LLC		District Central
Name, local no. and address of union (If none, write none) None		
Trade/Occupation Toolmaker		Requested date [REDACTED]
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> JAC
<input type="checkbox"/> Group	<input checked="" type="checkbox"/> Non-Joint	<input checked="" type="checkbox"/> Non-JAC
Indentured by: <input checked="" type="checkbox"/> Employer		<input type="checkbox"/> Agent
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal

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





NYS Department of Labor
Apprentice Training
JUN 15 2016
Central Office

New York State Department of Labor

Apprentice Training Program Registration Agreement

REVISION _____
nature of change

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

- Name of Sponsor Oneida Molded Plastics, LLC
- Mailing Address 104 South Warner Street Oneida NY 13421 Madison
(Number & Street) (City) (State) (Zip Code) (County)
- Actual Address same
(Number & Street) (City) (State) (Zip Code) (County)
- Phone (315) 363-7990 Ext: 248 Fax (315) 363-8519
- Trade / Occupation Toolmaker
- No. Employees 223 No. Apprentices 3 No. Journeyworkers 6 7. Ratio 1:1:1
(Non-Standard)
- ISC Code _____ 9. DOT Code 6 0 1 - 2 8 0 - 0 4 2 10. Length of Program 4 8 Months
11. Apprentice Probationary Period 12 months 12. Work Process: Standard or Revised _____
13. Minimum Journeyworker Rate \$ 18.00 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 _____							
H <u>1000</u>	H _____	H _____							
<u>10.00</u>	<u>11.00</u>	<u>12.00</u>	<u>13.00</u>	<u>14.00</u>	<u>15.00</u>	<u>16.00</u>	<u>17.00</u>		

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

17. Debra S. Palmer 5/19/16 18. _____
Signature of the Official Sponsor Representative Date 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
Apprenticeship Training
JUN 15 2016
Central Office

New York State
Registered Apprenticeship Training Program

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

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: _____ H. Phone: (315) 363-7990 I. Fax: (315) 363-8519
- 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? 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.

Stephen 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 D. Palmer
Signature of Notary Public or Commissioner of Deeds

NYS DOL 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 Toolmaker		
Sponsor Name Oneida Molded Plastics, LLC		
Sponsor's Representative Debra Palmer		
Sponsor Address (No. & Street) 104 South Warner Street		(City) Oneida
(County) [Redacted]	(State) NY	(Zip Code) 13421
Sponsor Telephone No. 315-363-7990		
Proposed Number of Apprentices 3		

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION IS AVAILABLE 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

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

Signature of DLEA [Redacted]

Date Prepared:

AT 8 (05/08)

*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 Labor
Apprentice Training

JUN 15 2016

Central Office



Apprenticeship Agreement

JUN 15 2016

Sponsor No. _____ ATP Code 31-229

I. Apprenticeship Agreement

Central Office

Name of Apprentice (Last, First, M.I.) Miller, Matthew J.		1. Name of Program Sponsor Oneida Molded Plastics, LLC			
		Physical address of Program Sponsor (no. and street) 104 South Warner Street			
		City Oneida	County Madison	State NY	Zip code 13421
		Mailing address of Program Sponsor (no. and street) same			
		City	County	State	Zip code
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Toolmaker			
		3. Start Date	4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$18/hour	
8. Credit for previous training or experience: Months Points 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 – 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	1000	1000	1000	1000		
10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00		

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
 5/24/16
 Date
 
 Signature of Official Sponsor Representative
 5/24/16
 Date

Registered by the New York State Department of Labor:

State Use Only	
To ATC	_____
To DLEA	_____
Rank Verify	_____
Data Entry	_____

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	_____	_____

Must be returned within 30 days of receipt



Apprenticeship Agreement

JUN 15 2016

Sponsor No. _____ ATP Code 31-229

Central Office

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Maxam, Michael P.		1. Name of Program Sponsor Oneida Molded Plastics, LLC			
[Redacted]		Physical address of Program Sponsor (no. and street) 104 South Warner Street			
		City Oneida	County [Redacted]	State NY	Zip code 13421
		Mailing address of Program Sponsor (no. and street) same			
[Redacted]		City	County	State	Zip code
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Toolmaker			
3. Start Date		4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12		
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$18/hour		
8. Credit for previous training or experience: Months _____ Points _____ 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 – 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	1000	1000	1000	1000		
10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00		

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

 _____ 5/19/16 _____  _____ 5/19/16
 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:

State Use Only	
To ATC	_____
To DLEA	_____
Rank Verify	_____
Data Entry	_____

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	_____

Must be returned within 30 days of receipt



JUN 15 2016

Apprenticeship Agreement

Sponsor No. _____ ATP Code 31-229

Central Office

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Van Patten, Adam M.		1. Name of Program Sponsor Oneida Molded Plastics, LLC			
[Redacted]		Physical address of Program Sponsor (no. and street) 104 South Warner Street			
		City Oneida	County [Redacted]	State NY	Zip code 13421
		Mailing address of Program Sponsor (no. and street) same			
[Redacted]		City	County	State	Zip code
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Toolmaker</u>			
[Redacted]		3. Start Date	4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
		www.toolingu.com; Mohawk Valley Community College, Utica; Oneida-Herkimer-Madison BOCES, New Hartford; MACNY-SUNY ESF, Syracuse		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$18/hour
8. Credit for previous training or experience: Months Points 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 - 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	1000	1000	1000	1000		
10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00		

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

Adam Van Patten 5/19/16 [Signature] 5/19/16
 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:

State Use Only	
To ATC	[Redacted]
To DLEA	[Redacted]
Rank Verify	_____
Data Entry	_____

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	_____

Must be returned within 30 days of receipt

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: _____



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

5, 19, 2016

Date



Department of Labor
Apprentice Training

JUN 15 2014

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

Central Office Oneida Molded Plastics, LLC, located at
104 South Warner Street, Oneida, NY 13421
(Sponsor)
(Address)

is presently accepting applications for an estimated _____ apprentice training positions in
(No. of openings)
the occupation of Toolmaker
(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: _____ Dates: From: _____ to: _____

Name: Oneida Molded Plastics, LLC _____ Days: _____

Address: 104 South Warner Street _____ Times: _____
Oneida, NY 13421

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



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

NAME OF CANDIDATE	NYS Department of Labor Apprentice Training	TRADE Toolmaker
ADDRESS	JUN 15 2016	CITY STATE ZIP

ONLY THOSE CHECKED APPLY Central Office

EDUCATIONAL ACHIEVEMENT

- 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 10 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 1 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- _____ OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
TOTAL	25			TOTAL
	10			
	10			
	5			

WORK EXPERIENCE

- 2 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 1 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- _____ OTHER _____

TOTAL	25			TOTAL
	10			
	10			
	5			

SENIORITY

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

TOTAL				TOTAL

JOB APTITUDE

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

TOTAL				TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 0-5 ABILITY TO COMMUNICATE
- 0-5 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 0-5 ABILITY TO REASON AND COMPREHEND
- 0-5 INTEREST AND MOTIVATION
- _____ OTHER _____
- _____ OTHER _____

TOTAL	20			TOTAL
	5			
	5			
	5			
	5			

TOTAL ALLOWABLE POINTS

→ 70	TOTAL SCORE →	
-------------	----------------------	--

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME Oneida Molded Plastics, LLC

SPONSOR ADDRESS 104 South Warner Street, Oneida NY 13421