



New York State  
Registered Apprenticeship Training Program  
**Sponsor Information Sheet and Instructions**

RECEIVED  
JUL 13 2016  
D.E.W.S., SYRACUSE NY

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  
Apprentice Training

**Section I**

A. Sponsor name: PATRICK B JOYCE

B. Trade(s): ELECTRICAL CONSTRUCTION AUG 29 2016

C. Type of Apprenticeship Training Program (check one):  
1.  Individual Non-Joint 2.  Individual Joint 3.  Group Non-Joint\* 4.  Group Joint (JAC/JATC) Central Office

\*For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: PJT ELECTRIC

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: 33 Lolita Dr  
City/Town: Apalachin State: NY Zip Code: 13732

G. Email: \_\_\_\_\_ H. Phone: 607 427 0147 I. Fax: \_\_\_\_\_

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? 25

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.

Patricia B. Joyce 7-6-2016  
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Patricia B. Joyce, Owner

Sworn to me this: 16 day of July 2016 Deborah R Reynolds  
Signature of Notary Public or Commissioner of Deeds

NYS/DOL Official Use Only

Field - Receipt Date Stamp

**Deborah R Reynolds**  
Notary Public, State of New York  
Reg. in Toga County No. 01RE6053645  
My Commission Expires 01/16/17



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

NYS Department of Labor  
Apprentice Training

AUG 29 2016

Central Office

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

- 1. Name of Sponsor: PJ Electric
- 2. Mailing Address: 33 Lolita Drive Apalachin NY 13732 Tioga  
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: same  
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: (607) 427-0147 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- 5. E-mail Address: \_\_\_\_\_
- 6. Trade/Occupation: Electrician
- 7. No. Employees: 2 No. Apprentices: 1 No. Journeyworkers: 1 8. Ratio: 1:1, 1:3
- 9. DOT Code: 824.261-010 10. Length of Program: 60 months
- 11. Apprentice Probationary Period: 12 12. Work process: Standard  or Revised
- 13. Minimum Journeyworker Rate: \$ 15.00 per hour 14. Effective Date of Wages: 5/1/16

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

1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/>									
H <input type="checkbox"/>									
6	6	6	6	6	6	6	6	6	6
9.50	10.50	11.00	11.50	12.00	12.50	13.00	13.50	14.00	14.50

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

17. Patrick Joyce 8-23-2016  
 Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Patrick Joyce Owner  
 Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_ Date  
 Signature New York State Department of Labor



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

RECEIVED  
APR 18 2016  
D.E.W.S., SYRACUSE NY

Trade		
Electrician		
Sponsor Name		
PJ Electric		
Sponsor's Representative		
Patrick Joyce		
Sponsor Address (No. & Street)		(City)
33 Lolita St		Apalachin
(County)	(State)	(Zip Code)
Tioga	NY	13732
Sponsor Telephone No.		
607-427-0147		
Proposed Number of Apprentices		
1		

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School

B.O.C.E.S.  
Address

435 Glenwood Rd  
Address

Binghamton, NY 13905  
School Representative:

Name and Address of DLEA:

Paula Colavito  
Broome-Tioga BOCES  
435 Glenwood Road  
Binghamton, New York 13905  
Phone: (607) 762-6034

AT Office Name and Address:

NYS Department of Labor  
Apprenticeship Training  
450 S. Salina St. Room 203  
Syracuse, NY 13202

Apprentice Training Representative:



Signature of DLEA:



Date Prepared: 3/21/16

Date Prepared:

AT 8 (05/08)

NYS Department of Labor  
Apprentice Training

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Central Office



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Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 17-072 Central Office

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>Holloway Brian M</u>		1. Name of Program Sponsor <u>PJ Electric</u>	
[Redacted]		Physical address of Program Sponsor (no. and street) <u>33 Lolita Dr</u>	
		City <u>Apalachin</u>	County <u>Tioga</u>
		State <u>NY</u>	Zip code <u>13732</u>
Mailing address of Program Sponsor (no. and street)		City	
		County	
		State	
		Zip code	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Electrician</u>			
3. Start Date		4. Length of program (Months) <u>60</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12 months</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>B.O.C.E.S. Glenwood Rd Binghamton</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$15.00</u>
8. Credit for previous training or experience: <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
<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
<u>\$9.50</u>	<u>\$10.50</u>	<u>\$10.00</u>	<u>\$11.50</u>	<u>\$12.00</u>	<u>\$12.50</u>	<u>\$12.50</u>	<u>\$13.50</u>	<u>\$14.00</u>	<u>\$14.50</u>

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

Brian M Holloway      8/24/16      Patricia B. Joyce      3/17/2016  
 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

State Use Only		
Date	Init.	
To ATC <u>8/24/16</u>		
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 (Lock 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

Must be returned within 30 days of receipt

NYS Department of Labor  
Apprentice Training

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NON-DISCRIMINATION PLAN  
(SHORT FORM)

Central Office

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

3 / 17 / 2016  
Date

Approved by: \_\_\_\_\_  
NYS Department of Labor, Division of Equal Opportunity Development

\_\_\_\_\_  
Date

Sponsor Name PER Electric Sponsor Code \_\_\_\_\_ No. of Appr. 1  
Trade Electrician Trade Code(s) 17072



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code \_\_\_\_\_

Trade Code 17-071

PJ Electric, located at

(Sponsor)

33 Lolita Street, Apalachin, NY 13732

(Address)

is presently accepting applications for an estimated 1 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 or Equivalency (GED or TASC)

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:

Must have valid driver's license to operate company vehicles.

NYS Department of Labor  
Apprentice Training

Other:

Drug screening paid for by the sponsor after an offer of employment.

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Other:

Central Office

Application Forms May be Obtained From:

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: PJ Electric

Days: Monday - Friday

Address:

Times: 8:00 AM - 5:00 PM

Phone Number: (607) 427 - 0147

Email Address: 

Special Instructions:

Applicants must call the sponsor to obtain an application.

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



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Selection Standards and Evaluations

Name of Candidate	Trade Electrician	Central Office		
Address	City	State	Zip	

Only those checked apply.	Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b>	<b>Total</b> 10		<b>Total</b>
<input checked="" type="checkbox"/> 2.5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	5		
<input checked="" type="checkbox"/> 2.5 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	2.5		
<input checked="" type="checkbox"/> 2.5 Points for Each Trade Related Adult or Continuing Education Course Completed	2.5		
<input type="checkbox"/> Other _____			
<b>Work Experience</b>	<b>Total</b> 2		<b>Total</b>
<input checked="" type="checkbox"/> 1 Points for Each Year of Trade Related Work Experience	1		
<input type="checkbox"/> Points for Each Year of Active Military Experience			
<input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience	1		
<input type="checkbox"/> Other _____			
<b>Seniority</b>	<b>Total</b>		<b>Total</b>
<input type="checkbox"/> Points for Each Year of Employment With The Sponsoring Firm			
<input type="checkbox"/> Other _____			
<b>Job Aptitude</b>	<b>Total</b>		<b>Total</b>
<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 _____			
<b>Oral Interview: Not to Exceed 40% of Total Score</b>	<b>Total</b> 4		<b>Total</b>
<input checked="" type="checkbox"/> 0-1 Ability to Communicate	1		
<input checked="" type="checkbox"/> 0-1 Willingness to Accept Obligation of Apprenticeship	1		
<input checked="" type="checkbox"/> 0-1 Ability to Reason and Comprehend	1		
<input checked="" type="checkbox"/> 0-1 Interest and Motivation	1		
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Other _____			

Total Allowable Points



16	Total Score →
----	---------------

Rank \_\_\_\_\_

Evaluated by \_\_\_\_\_ (Name) Date \_\_\_\_\_

Sponsor Name \_\_\_\_\_

Sponsor Address \_\_\_\_\_