





New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision  (nature of change)  
New Program

NYS Department of Labor  
Apprentice Training  
MAR 18 2016  
Central Office

State Use Only	
AT sponsor no.	[REDACTED]
ATP code	56-128
Effective date of AT program	

- Name of sponsor: Public Works [REDACTED] Carpentry Branch
- Mailing address: 74004 First Street West Fort Drum NY 13602 Jefferson (number & street) (city) (state) (zip code) (county)
- Actual address: same (number & street) (city) (state) (zip code) (county)
- Telephone no.: [REDACTED] (telephone #) [REDACTED] (ext. #) [REDACTED] (fax #)
- Trade/Occupation: Locksmith
- No. employees: 32 No. apprentices: 2 No. journeyworkers: 2 7. Ratio: 1:1, 1:1 (non-standard)
- ISC code: 9. DOT code: 709.281-010 10. Length of program: 48 months
- Apprentice probationary period: 12 mos 12. Work process: Standard  or Revised
- Minimum journeyworker rate: 21.02 \$ per hr 14. Effective date of wages: 1/1/2016
- Apprentice wage progression for each period - in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/> 12 H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>								
18.03	19.76	19.51	20.27						

- The sponsor agrees to comply with the provisions on this side and on the reverse side of this agreement.
- Signature of official sponsor representative: Michael D Howard Date: 03/18/2016

Signature of union representative: \_\_\_\_\_ Date: 1/1

Print name and title: MICHAEL D. HOWARD CARPENTRY BRANCH MGR Print name, title, and union name: \_\_\_\_\_
- Signature New York State Department of Labor \_\_\_\_\_ Date: 1/1



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor  
Apprentice Training

MAR 18 2015

Central Office

Instructions:

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
- You must include an explanation and supporting documentation for all "yes" responses.
- For Individual Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and from the union.
- For Individual Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor only.
- For Group Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company and union that serves on the governing body as a Joint Apprenticeship Training Committee (JATC) member. Only one AT 9 is required per union.
- For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
- You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Sponsor Name: Public Works Carpentry Branch		Trade Name: Locksmith	
Name of Entity Completing Form: Michael D. Howard		FEIN No. [REDACTED]	
Mailing Address: T-1132 First Street West, Fort Drum NY 13602		NYS Employer Registration (ER) [REDACTED]	
Fax No.: [REDACTED]	Phone No.: [REDACTED]	E-mail Address:	
Type of Entity (Mark primary function): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input checked="" type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Signatory Company serving on the JATC or on the Board of Directors or other governing body For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form. [REDACTED]			
How many years has your organization been in business? 79 years			
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation.

Within the past five (5) years has your organization, any affiliate, any predecessor company or entity, owner of 5% or more of the entity's shares, director, officer, partner, or proprietor been the subject of:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A federal suspension, debarment, bid rejection or disapproval 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

Applicant, sponsor, signatory or union:

- Certifies that the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein
- Certifies 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 \$1000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1))
- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

This authorizes the New York State Department of Labor to release any Unemployment Insurance (UI) information it may possess to the Apprentice Training Office to verify information and UI compliance in connection with this application or program.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or 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.

Michael D. Howard  
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

03/03/2016      MICHAEL D. HOWARD      CARPENTRY BRANCH MANAGER  
Date      Print Name and Title

Sworn to me this: 3rd day of March 2016

Michael A. Russell  
Signature of Notary Public or Commissioner of Deeds

**MICHAEL A. RUSSELL**  
Notary Public, State of New York  
Qual. in Jefferson Co. No. 01RU6275033  
My Commission Expires 01/14/17

NYS Department of Labor  
Apprentice Training  
MAR 10 2016  
Central Office



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Trade
Locksmith
Sponsor Name
Public Works Carpentry Branch
Sponsor's Representative
Michael D. Howard
Sponsor Address (No. & Street) (City)
T-1132 First Street West Fort Drum
(County) (State) (Zip Code)
Jefferson NY 13602
Sponsor Telephone No.
[REDACTED]
Proposed Number of Apprentices
2

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School  
Lockmasters Security Institute  
Address  
1014 South Main Street  
Address  
Nicholasville, KY 40356  
School Representative:  
Barbara Craycraft

[REDACTED] Department of Labor  
Apprentice Training

Name and Address of DLEA: MAR 18 2016

Georgia D. Dusckas, Ed.D  
Jefferson-Lewis BOCES Central Office  
20104 NYS Rt. 3  
Watertown, New York 13601

AT Office Name and Address:

NYS Department of Labor  
Apprenticeship Training  
450 S. Salina Street  
Syracuse, NY 13202

Apprentice Training Representative: [REDACTED]

Signature of [REDACTED]

Date Prepared: 3/4/2016

Date Prepared: 3-9-2016

AT 8 (05/08)

RECEIVED  
MAR 11 2016  
D.E.W.S., SYRACUSE NY



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

56-128

Pulic Works Carpentry Branch

(Sponsor)

First Street Middle T1132, Fort Drum, NY 13602

(Address)

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

the occupation of Locksmith (Trade)

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

Minimum Qualifications CANDIDATES SELECTED FROM CIVIL SERVICE LIST.

Minimum age:

Minimum 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

JUN 18 1997

Central Office

Application forms may be obtained from: Dates: From: to:

Name: Days:

Address: Times:

Phone number: ( ) 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		TRADE Locksmith		
ADDRESS		CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

\*\*Candidates selected from Civil Service List\*\*

EDUCATIONAL ACHIEVEMENT

- POINTS FOR EACH YEAR OF EDUCATION PAST GRADE \_\_\_\_ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE \_\_\_\_ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER \_\_\_\_\_

TOTAL	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL

WORK EXPERIENCE

- POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER \_\_\_\_\_

TOTAL	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL

SENIORITY

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

TOTAL	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL

JOB APTITUDE

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

TOTAL	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- ABILITY TO COMMUNICATE
- WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- ABILITY TO REASON AND COMPREHEND
- INTEREST AND MOTIVATION
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_

TOTAL	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL

TOTAL ALLOWABLE POINTS

→ 

TOTAL SCORE	→	
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RANK \_\_\_\_\_

EVALUATED BY \_\_\_\_\_ DATE \_\_\_\_\_

SPONSOR NAME Public Works Carpentry Branch

SPONSOR ADDRESS \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

MAR 18 2015

Central Office



Please send to your regional DOL office:

New York State Department of Labor

Apprenticeship Agreement

Sponsor No. [redacted] ATP Code 56-128

I. Apprenticeship Agreement

Form I: Apprenticeship Agreement. Fields include: Name of Apprentice (Last, First, M.I.), Name of Program Sponsor, Physical address of Program Sponsor, Trade (Time-based/Competency-based/Hybrid), Start Date, Length of program, DOL Apprentice Probation Period, Related and Supplemental Instruction (RI) Provider(s), RI Compensated, Minimum Journey-Worker Rate, and Credit for previous training or experience.

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: [X] Months [ ] Hours [ ] Points [ ] Sections

Table with 10 columns representing periods and 2 rows for wage progression. Values include 12, 18.03, 18.76, 19.51, 20.27. Includes a red stamp: MAR 18 2016.

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

Signatures and dates for Apprentice and Parent/Guardian, and Official Sponsor Representative.

Registered by the New York State Department of Labor:

State Use Only box for registration tracking: To ATC, To DLEA, 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 [ ] Quit [ ] Layoff [ ] Program Termination [ ] Transfer

Completion or Termination Date

Comments

State Use Only box for completion/termination tracking: To ATC, To DLEA, Data Entry.

Signature of Official Sponsor Representative, Date, and 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, and Print Name.

State Use Only box for RI completion tracking: To ATC, To DLEA, Data Entry.

Must be returned within 30 days of receipt



New York State Department of Labor

Please send to your regional DOL office:

Apprenticeship Agreement

Sponsor No. [Redacted]

ATP Code

56-128

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) <u>PARKER WILLIAM L.</u>		1. Name of Program Sponsor <u>Public Works Carpentry Branch</u>	
[Redacted]		Physical address of Program Sponsor (no. and street) <u>T-1132 First St. West</u>	
		City <u>Fort Drum</u>	County <u>Jefferson</u>
		State <u>NY</u>	Zip code <u>13602</u>
Mailing address of Program Sponsor (no. and street) <u>SAME</u>		5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12</u>	
City <u>SAME</u>		County <u>SAME</u>	State <u>SAME</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Lockmasters Security Institute Nicholasville, KY</u>		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Locksmith</u>	
8. Credit for previous training or experience: <u>36</u> Months <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name) <u>SPONSOR</u>		3. Start Date	
RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Length of program (Months) <u>48</u>	
7. Minimum Journey-Worker Rate <u>21.02</u>		5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12</u>	

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>12</u>	<u>12</u>	<u>12</u>	<u>12</u>						
<u>18.03</u>	<u>18.76</u>	<u>19.51</u>	<u>20.27</u>						

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

William L. Parker 3/3/16 Michael D. [Signature] 03/03/2016  
 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

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