



New York State  
Registered Apprenticeship Training Program

NYS Department of Labor  
Apprentice Training

Sponsor Information Sheet and Instructions

JUN 22 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. Central Office

Section I

- A. Sponsor name: WILKINS MECHANICAL INC
- B. Trade(s): PLUMBER / PIPEFITTER
- 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: PO Box 220  
 City/Town: WARREN State: NY Zip Code: 13164
- G. Email: \_\_\_\_\_ Phone: 315-638-2400 Fax: 315-638-3595
- 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:

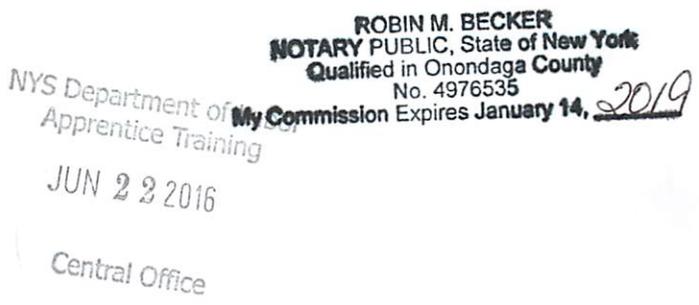
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

\_\_\_\_\_  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity 6/10/16  
Date

Print name and title: ROBERT WILKINS 2ND VICE PRESIDENT

Sworn to me this: 10 day of JUNE, 2016 ROBERT M. BECKER  
 Signature of Notary Public or Commissioner of Deeds





Apprentice Training Program Registration Agreement

Revision  *New Program*  
(nature of change) NYS Department of Labor  
Apprentice Training

FEB 23 2016

Central Office

State Use Only	
AT sponsor no.	
ATP code	13-363
Effective date of AT program	

- 1. Name of sponsor: Wilkins Mechanical
- 2. Mailing address: PO Box 220 Warners NY 13164 Onondaga  
(number & street) (city) (state) (zip code) (county)
- 3. Actual address: 6923 Herman Rd Syracuse NY 13269 Onondaga  
(number & street) (city) (state) (zip code) (county)
- 4. Telephone no.: 315-638-2400 315-638-3595  
(telephone #) (ext. #) (fax #)
- 5. Trade/Occupation: Plumber/Pipefitter
- 6. No. employees: 18 No. apprentices: No. journeyworkers: 10 7. Ratio: 1:1, 1:3  
(non-standard)
- 8. ISC code: 9. DOT code: 862.381-030 10. Length of program: 54 months
- 11. Apprenticeship probationary period: 12 mos 12. Work process: Standard  or Revised
- 13. Minimum journeyworker rate: \$ 30.00 per hr 14. Effective date of wages: 1/1/16
- 15. Apprenticeship 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 checked="" type="checkbox"/> 2000	M <input type="checkbox"/> H <input checked="" type="checkbox"/> 1000	M <input type="checkbox"/> H <input type="checkbox"/>							
50%	60%	70%	80%	90%					

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

17.  12/31/15  
Signature of official sponsor representative Date  
Robert J. Wilkins, 2nd Vice President  
Print name and title

18. \_\_\_\_\_ 1/1  
Signature of union representative Date  
\_\_\_\_\_  
Print name, title, and union name

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

1/1  
Date



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Trade Plumber and Pipefitter		
Sponsor Name Wilkins Mechanical Inc.		
Sponsor's Representative Robert Wilkins		
Sponsor Address (No. & Street) 6923 Herman Road		(City) Syracuse
(County) Onondaga	(State) NY	(Zip Code) 13269
Sponsor Telephone No. [REDACTED]		
Proposed Number of Apprentices 3		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School Construction Training Centers of NY

Address

304 W. Second Street

Address

E. Syracuse, NY 13057

School Representative:

[REDACTED]

Name and Address of DLEA:

Mr. John Dittmann [REDACTED]

Syracuse Central School District

Sidney Johnson Vocational Center

573 East Genesee Street

Syracuse, New York 13202

AT Office Name and Address:

Office of Apprenticeship Training  
450 S. Salina Street  
Syracuse, NY 13202

Apprentice Training Representative: [REDACTED]

Date Prepared: 2/1/16

NYS Department of Labor  
Apprentice Training  
FEB 23 2016  
Central Office

Signature of DLEA [REDACTED]

Date Prepared: 2-12-16

AT 8 (05/08)

Penn Foster (online plumbing program)  
14300 N. Northsight Blvd., Suite 125,  
Scottsdale, AZ 85260

In-house Training Provided by Wilkins Mechanical

## 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.
- 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.*

Date

12, 9, 15

NYS Department of Labor  
Apprentice Training  
FEB 9 2016  
Special Office



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

Wilkins Mechanical Inc, located at  
6923 Herman Rd, Syracuse NY 13209  
(Sponsor)  
(Address)

is presently accepting applications for an estimated 4 apprentice training positions in  
(No. of openings)  
the occupation of Plumber & Pipe Fitter  
(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: Highschool Diploma / GED

Physical condition: Be physically able to perform the work required as determined by ability to lift 50lbs or more, ability to work on ladders & lifts

(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 own vehicle and valid drivers license

Other: \_\_\_\_\_

Other: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

FEB 23 2016

Central Office

Application forms may be obtained from:  
Name: Wilkins Mechanical Inc  
Address: 6923 Herman Rd  
Syracuse, NY 13209

Dates: From: 1/1/16 to: 12/31/16  
Days: Monday - Friday  
Times: 7:00 AM - 3:30 PM

Phone number: (315) 638-2400

Email address: [REDACTED]

Special instructions: \_\_\_\_\_

All applications must be received/postmarked (please circle) no later than 12/31/2016



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

NAME OF CANDIDATE	TRADE Plumber and Pipefitter
ADDRESS	CITY                      STATE                      ZIP

**ONLY THOSE CHECKED APPLY**

**EDUCATIONAL ACHIEVEMENT**

- 2.5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 2.5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- \_\_\_\_\_ POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- \_\_\_\_\_ OTHER \_\_\_\_\_

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	
<b>TOTAL</b>	10			<b>TOTAL</b>
	5			
	5			

**WORK EXPERIENCE**

- 4 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 \_\_\_\_\_

<b>TOTAL</b>	20			<b>TOTAL</b>
	20			

**SENIORITY**

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

<b>TOTAL</b>	10			<b>TOTAL</b>
	10			

**JOB APTITUDE**

- SATB (SPECIFIC APTITUDE TEST BATTERY) # \_\_\_\_\_  
POINTS FOR HIGH \_\_\_\_\_ MEDIUM \_\_\_\_\_ LOW \_\_\_\_\_
- NAME OF ALTERNATIVE APTITUDE TEST \_\_\_\_\_  
ADMINISTERED BY \_\_\_\_\_
- 20 OTHER Up to 20 points for Hands-On Plumbing Mock Up

<b>TOTAL</b>	20			<b>TOTAL</b>
	20			

**ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE**

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

NYS Department of Labor  
Apprentice Training

FEB 23 2016

Central Office

<b>TOTAL</b>	40			<b>TOTAL</b>
	10			
	10			
	10			
	10			

TOTAL ALLOWABLE POINTS →

100	TOTAL SCORE →	
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RANK \_\_\_\_\_

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

SPONSOR NAME Wilkins Mechanical Inc.

SPONSOR ADDRESS 6923 Herman Rd, Syracuse, NY