NYSDOL Use Or	ly: Sponsor No. 12	
☑ New Program	☐ Reactivation ☐ Re	vision Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

NOV 17 2023

Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered trail Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Λ.	Sponsor name: 1199SEIU League Training and Upgrading Fund	
B.	Trade(s): Certified Nursing Assistant	
C.	Type of Apprenticeship Training Program (check one): 1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC	*
*Fe	or sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.	,
D.	Name of entity completing this form: 1199SEIU League Training and Upgrading Fund	
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: 498 7TH Ave, 4th Floor	
	City/Town: New York State: NY Zip Code: 10018	
G.	Email: H. Phone: (212) 284-9247 I. Fax: (212) 216-9601	
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?	Ø N
	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? 54	
Ο.	Within the past five (5) years, have you done business under a different name?	☑ N
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?	
	If 'Yes', provide attachments as noted in the instructions.	
ecti	on II	
omp	ete all questions, $(1 - 10)$, in this section and provide attachments as noted in the instructions.	
edec	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any any partner, or any proprietor been the subject of:	
1.	Any conviction for a crime under state or federal law?	N N
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? \square Yes	N N
	Any grant of immunity for conduct constituting a crime under state or federal law?	V N

^{**} 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?	☑ No
5.	Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?	✓ 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	MZ INC
	Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?	☑ No
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?	Z No
	b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes	Z 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?	☑ No
4	b. If 'Yes', was the violation determined to be willful?	☐ 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	[7]
	Human Rights, federal or state courts, or local Civil Rights Commissions?	No No
10.	- [이번 10 10 10 10 10 10 10 10 10 10 10 10 10	[7]
	federal enforcement action (judicial or regulatory) other than those covered above? Yes	No No
	After completing Sections I and II, you must sign Section III, and have it notarized.	
Secti	ion III	
Depar	ication – I, the undersigned, recognize that I submit this questionnaire to permit the New York State tment of Labor to review the background of the applicant, sponsor, union, or signatory employers and associa g as a member of the JAC/JATC or other governing body at the time of new program application, during progr tion, at recertification, or as otherwise deemed appropriate by the Department.	tion(s)
I certi	ify:	
	 That the Department may use its sole discretion to choose the means to determine the truth and accura of all statements made herein. 	су
	 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)). 	Ċ
19	 That the information submitted in this questionnaire and any attachments is true, accurate, and complete 	e.
particip applica	ndersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or pating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor ation request or program. Signing this document constitutes permission to release this information (including lation) concerning the entity completing this form to the program sponsor.	r's
0:		
Signati	ure of CEO, Chair, or representative granted legal authority to bind the Entity Date	
Print n	ame and title: Daniel Bustillo / Deputy Executive Director, 1199SEIU TUF	
Sworn	to me this: 315th day of August Signature of Notary Public er Commissioner of Deeds	_
[NYSDOL Official Use Only	
NY Appr	S Department of Labor enticeship Training Office ANNEL S. CLAROS-RIOS	
1	OCT A P 2000	
1	UCT 0 3 2023	
1	ommission Expires 4/4/2016	
	Field - Receipt Date Stamp	

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NYSDOL Use Only:	Sponsor No	
☑ New Program ☐ R	eactivation Revision	☐ Recertification

NYS Department of Labor Apprentice Training

NOV 17 2023

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.

Sect	ion I	
	Sponsor name: 1199SEIU League Training and Upgrading Fund Trade(s): Certified Nursing Assistant	-
	Type of Apprenticeship Training Program (check one):	_
C.	1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*
*Fo	or sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.	,
D.	Name of entity completing this form: 1199SEIU Unite Healthcare Workers East	
	Entity completing this form (check one): United	
	☐ 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: 498 7TH Ave	
	City/Town: New York State: NY Zip Code: 10018	
G.	Email: H. Phone(212) 261-2209 I. Fax:	
J.	Federal Employer Identification Number (FEIN):	
K.	NYS Unemployment Insurance Employer Registration (ER) Number:	
	Is this entity required to report any employee wages under this FEIN to the NYS Department	
151	of Tax and Finance?	□ 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? 85	
Ο.	Within the past five (5) years, have you done business under a different name? \square Yes If 'Yes', provide attachments as noted in the instructions.	☑ No
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?	☑ No
Sect	ion II	
	lete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.	
Withir prede	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any any partner, or any proprietor been the subject of:	
1.	Any conviction for a crime under state or federal law?	No.
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? \square Yes	✓ No
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	VIN

^{**} For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4.	contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification	ZNo
-		NO
5. 6.	그 집 하면 없는 어느 하면 있는 이 경험이 있는데 이번 경험을 하는데 있다면 사람들이 되었다. 그런 사람들이 없는데 사람들이 되었다고 있다면 하는데 하는데 없어요?	_ 1AC
		ZN
7.	있다. 그는 사용하는 사용 사용하는 하나 있는데 가면 하는데 보면 가면 하는데	ZNO
1.	있는 요리 크리아이 부모님이 있는 것으로 가득했다면서 어린 이번 이번 이번 이번 이번 이번 이번 시간에 되었다. 그런데 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	Z No
8.	 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 	Z No
] 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?	N
10.		
		N
Depa servir	ification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State artment of Labor to review the background of the applicant, sponsor, union, or signatory employers and association as a member of the JAC/JATC or other governing body at the time of new program application, during program ation, at recertification, or as otherwise deemed appropriate by the Department.	
	rtify:	
	 That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein. 	1
	 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. 	
applic inform	undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or uncipating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's cation request or program. Signing this document constitutes permission to release this information (including UI mation) concerning the entity completing this form to the program sponsor.	3
Signa	ature of ČEO, Chair, or representative granted legal authority to bind the Entity Date	
Print	name and title: Milly Silva / Secretary-Treasurer of 1199SEIU United Healthcare Workers East	
Swor	on to me this: 28th day of September 2023 Anicia Tetron	_
[NYSDOL Official Use Only Signature of Notary Public or Commissioner of Deeds	
Apı	NYS Department of Labor prenticeship Training Office UCT 0 3 2023 NYS Department of Labor Training AVICIA NELSON Notary Public - State of New York Notary Public - State of New York	
	NYC Field - Receipt Date Stamp NYC Field - Receipt Date Stamp	
1	NVC Field - Receipt Date Stamp ANICIA NELSON New York Notary Public - State of New York NO. 01NE6160829 Qualified in Bronx County My Commission Expires 2/12/2027	
	Wy Common	

2 of 4

WE	ARE	YOU	R DOL
-	- NEW Y	Departn	nent ——

NYSDOL Use Only:	Sponsor No	
☑ New Program ☐ F	Reactivation Revision Recertification	

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

NOV 17 2023

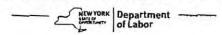
Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered at Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

	ion I	
	Sponsor name: 1199SEIU League Training and Upgrading Fund Trade(s): Certified Nursing Assistant	_
	Type of Apprenticeship Training Program (check one): 1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC))*
*Fo	or sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.	
D.	Name of entity completing this form: Sapphire Center for Rehabilitation and Nursing of Central Queens	
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: 35-15 Parsons Blvd, Queens, NY 11354	
	City/Town: Queens State: NY Zip Code: 11354	
G.	Email:_ H. Phone: (718) 961-3500 I. Fax: (718) 461-1784	
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?	□ No
	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? 8	
Ο.	Within the past five (5) years, have you done business under a different name?	☑ No
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?	Z No
	ion II	
Comp	plete all questions, $(1-10)$, in this section and provide attachments as noted in the instructions.	
prede	n the past five (5) years, has your organization, any substantially owned-affiliated entity,** any decessor company or entity, any owner of 10% or more of the entity's shares, any director, any r, any partner, or any proprietor been the subject of:	
	Any conviction for a crime under state or federal law?	C7
	Any conviction for a crime under state or federal law? 🗀 res	N No
		☑ 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?	☑ 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?	☑ No
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation? Yes	☑ No
8.	 Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes 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 	☑ No
	Division of Safety and Health, or the Division of Labor Standards? Yes	☑ No
	b. If 'Yes', was the violation determined to be willful?	☑ 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	[7]
	Human Rights, federal or state courts, or local Civil Rights Commissions?	☑ No
10.		C71
	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.	
Sect	tion III	
servin	rtment of Labor to review the background of the applicant, sponsor, union, or signatory employers and associang as a member of the JAC/JATC or other governing body at the time of new program application, during progration, at recertification, or as otherwise deemed appropriate by the Department. tify:	
	 That the Department may use its sole discretion to choose the means to determine the truth and accura of all statements made herein. 	ісу
	 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)). 	r
	• That the information submitted in this questionnaire and any attachments is true, accurate, and complet	e.
partici applic	indersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, o ipating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsociation request or program. Signing this document constitutes permission to release this information (including nation) concerning the entity completing this form to the program sponsor.	r's
	ature of CEO, Chair, or representative granted legal authority to bind the Entity Date	
Print r	name and title: Jerry Enella, Adminsitrator	
	n to me this: 4th day of Maust 33	
SWOII	Signature of Notary Public or Commissioner of Deeds	3
	NYSDOL Official Use Only Department of Labor	
ppre	OCT 0 3 2023 DONNA M. THOMPSON Notary Public, State of New York No. 01TH6359829 Qualified in Nassau County Commission Expires June 05, 202	
	NYC	
	Field - Receipt Date Stamp	



NYSDOL Use Only:	Sponsor No	1
☑ New Program ☐ F	Reactivation Revision Recertification	

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions NOV 1 7 2023

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.

12	Sponsor name: 11993E10 League Training and Opgrading Fund	
	Trade(s): Certified Nursing Assistant	-
	Type of Apprenticeship Training Program (check one): 1. ☐ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☑ Group Joint (JAC/JATC)*
	or sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.	
D.	Name of entity completing this form: Cabriniof Westchester	
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: 115 Broadway	
	City/Town: Dobbs Ferry State: NY Zip Code: 10522	-7
G.	Email: H. Phone: (914) 693-6800 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	
L.	of Tax and Finance?	□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?	
0.	Within the past five (5) years, have you done business under a different name?	✓ No
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?	✓ No
	ion II blete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.	
	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any	
	cessor company or entity, any owner of 10% or more of the entity's shares, any director, any r, any partner, or any proprietor been the subject of:	
1.	Any conviction for a crime under state or federal law?	₩ No
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? \square Yes	₩ No
	Any grant of immunity for conduct constituting a crime under state or federal law? Yes	

^{**} For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4.		ntract or subcontract for lack of responsibility, or denial or revocation of pre-qualification	
		any bid in any state or municipality, or a voluntary exclusion agreement?	1 No
5.		y federal, state, or municipal debarments, including Workers' Compensation or Public Work?	DNO
6.		y pending or open investigation of a possible violation, or determination of a violation of any	
٠.		deral law or regulation including, but not limited to, investigations by the National Labor Relations	/
	Во	ard (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?	D'NO
7.	a.	Any pending or open Occupational Safety and Health Administration (OSHA) investigation? Yes	D No
		Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes	1 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?	□ No
9.	(EE	y investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission EOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of	
	Hu	man Rights, federal or state courts, or local Civil Rights Commissions?	□ No
10.	An	y stipulations, settlement, consent order, or like agreement involving any state, municipal, or	/
	fed	deral enforcement action (judicial or regulatory) other than those covered above? Yes	1 No
Sect		After completing Sections I and II, you must sign Section III, and have it notarized.	
		ion – I, the undersigned, recognize that I submit this questionnaire to permit the New York State	
ervin	g as ion,	nt of Labor to review the background of the applicant, sponsor, union, or signatory employers and associate a member of the JAC/JATC or other governing body at the time of new program application, during program at recertification, or as otherwise deemed appropriate by the Department.	
	.,.	That the Department may use its sole discretion to choose the means to determine the truth and accur-	acv
	•	of all statements made herein.	acy
	•	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/c imprisonment of up to one year (PL § 70.15(1)).	or
	•	That the information submitted in this questionnaire and any attachments is true, accurate, and comple	te.
artici pplic	patir ation atio	rsigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, on a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor request or program. Signing this document constitutes permission to release this information (including a) concerning the entity completing this form to the program sponsor.	or's
igna	ure	of CEO, Chair, or representative granted legal authority to bind the Entity	
rint r	ame	e and title: Simone Faulkner-Smith, VP of Human Resources	
		o and this.	_
worr	to r	me this: 8th day of August 12023 UNS Switch Signature of Notary Public or Commissioner of Deed	s
	NYS	DOL Official Use Only	
N	YS D	Department of Labor	
App	renti	iceship Training Office	
		VINCENT JOSEPH ZUCCHETTO Notary Public - State of New York NO. 01ZU6403356 Qualified in Westchester County	
	Field	- Receipt Date Stamp	



New York State Department of Labor

Apprentice Training Program Registration Agreement

H		Revision		New	Progr	am							Use Only
Effective Date of AT Program		Nature o	of Change	e:	riogi	um				_		No.	
1. Name of Sponsor: 1199SEIU League Training and Upgrading Fund 1. Name of Sponsor: 498 7th Ave., 4th FI New York NY 10018 New York (number & street) (city) (state) (zip code) (county) (number & street) (city) (state) (zip code) (county) (number & street) (city) (state) (zip code) (county) (state) (zip code) (state) (zip code) (state) (zip code) (state) (zip code) (state) (city) (state) (zip code) (state) (zip code) (state) (zip code) (state) (state) (zip code) (state) (state) (state) (zip code) (state) (state) (state) (zip code) (state) (sta										-	ATP Code		
Mailing Address: 498 7th Ave., 4th FI													
Mailing Address: 498 7th Ave., 4th FI				11999	SFIU I	eagu	e Traini	ng and	d Upara	adina F	Fund		
National Address: (number & street) (city) (state) (zip code) (county)												-	New York
3. Actual Address: 498 7th Ave., 4th FI New York (city) (state) (zip code) (county) 4. Telephone No.: 212-284-9247 Ext. Fax No.: 212-216-9601 5. E-mail Address: 600 No. Apprentices: 7. No. Employees:	2.	Mailing A	ddress: _					/IK				ode)	
Telephone No.: 212-284-9247	3.	Actual Ac	ddress: 2					k	NY	101111			
5. E-mail Address Trade/Occupation: Certified Nursing Assistant 7. No. Employees: 600 No. Apprentices: No. Journeyworkers: 250 No. Journeyworkers: 250 No. Ratio: 1:1; 1:1 DOT Code: 10. Length of Program: 12/competency months 11. Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised 11. Effective Date of Wages: 11/1/2023 13. Minimum Journeyworker Rate: \$ per sideletter sideletter per sideletter sideletter per sideletter sidelett			•	(number 8	& street)		(city)						(county)
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Apprenticeship Agreement

I. Apprentice	eship Agreement	ral Office	Sponso	or No	124	34	A	TP Code	06116	
	1,1411	rar Cilide						m Sponsor		
						1199	SEIU	Training a	and Upgradi	ng Fund
								of Program Spons	or (no. and street)	
7						City	2000 202	County	State	Zip code
						New '	York		NY	10018
								Program Sponso		
						City	SEIU	County	nd Employm	
						New	York	County	State NY	Zip code 10018
							: Time	-based 🔽 Con] Hybrid
						Ger	titied	nursii	ng Assist	ant
Has the app Apprentices If "Yes." Tra	orentice received any hip Program? ☐ Yo	Certificate of C			r Federal	3.Start D	(Mor	ength of program	5. DOL Apprentice Period for Completi (Months) 3	Probation on Rates
10 1011 115			Sta					Competency		
	305 7th Av				01		2000	Compensated Yes No	7. Minimum Journe as per side	
8.Credit for	previous training or	experience:	Month	hs		Points		Sections		
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	Vage Progression (V								7.0	
Apprentice v	2	vitriout benefits)	4	J. Choose	e one: 🔲 i	onins 6	☐ Hours	☐ Points [☐ Sections	10
As per	side-letter									10
		The Chancer	and the Appr	rentice A	Agree to	the Term	ns on Pag New	ge 2 of this For Chang	/	31,23
Signature o	f Apprentice and Parer	VGuardian if age 1	16-17	Date		Signatur	re of Official	Sponsor Represent		Date
Registe	red by the New York	State Departme	ent of Labor:						State Us	se Only
									TO ATC	16 00
	Signature N	ew York State D	epartment of La	bor	 -	-	/ / Date	-	To DLEA Rank Verify	
									Data Entry	
	THE DEPARTMEN	IT OF LABOR MU	IST RECEIVE THI	S AGREE	MENT WITH	IIN 30 CALI	ENDAR DA	YS OF THE REQUE	STED START DATE.	
	raining Complet		202 7 185 al. al. fa.		12.00	. v.				
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Signature of	Official Sponsor Repre		Date ST RECEIVE THIS	S FORM W	VITHIN 30 C	Print Na		HE COMPLETION	TERMINATION DATE.	
		/ 40 7350								
III. RI Comple			and the second second		ATE USE ON	VLT			State Us	
	has satisfied the RI r	equirements. Co RI requirements	ompletion date:	_				-	To ATC	e Init.
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Signatu	ire of DLEA Representa	ative	Date			Print Na	ame			

Page 1 of 2

WE ARE YOUR a DOL tof Labor

AT 401 (11/20)

NOV 1 7 2023

Apprenticeship Agreement

. Apprentic	eship Agreement	Sponsor No. 120	24	_ ATP Code &	0611 (
	Secret 1	A		Program Sponsor	mal I Improveding a Count
				ress of Program Spons	and Upgrading Fund
				Ave., 4th Floor	or (no. and street)
			City	County	State Zip code
			New Yo		NY 10018
				ess of Program Sponso	r (no. and street) nd Employment Fund
			City	County	State Zip code
			New Yo		NY 10018
			2. Trade:	Time-based	npetency-based Hybrid
			Cortif	ind Nurgir	a Accietant
					ng Assistant
	hip Program? ☐ Yes ☐ No	of Completion from a State or Federal	3.Start Date	4. Length of program (Months) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
	and Supplemental Instruction (R 305 7th Ave, Ne	I) Provider(s) and location(s) W York, NY 10001		RI Compensated Yes No	7. Minimum Journey-Worker Rate as per side-letter
8.Credit for	previous training or experience:	Months	Points	Sections	•
Reinst			erience (Emplo		
		efits) for each Period. Choose one:	37 74 7 17 9	ATOM BALLET	Sections
1	2 3	4 5	6	7 8	9 10
As per	side-letter				
	The Spor	sor and the Apprentice Agree to	the Terms of	n Page 2 of this For	m.
			Lame	1 Chang	8 ,31,23
Sign		ige 16-17 Date	Signature of 0	Official Sponsor Represent	
Registe	ered by the New York State Dep	artment of Labor:			State Use Only
					TO ATC Date Init A
	Signature New York Sta	ate Department of Labor	Date	1	To DLEA
	THE DEPARTMENT OF LARO	R MUST RECEIVE THIS AGREEMENT WIT	HIN 30 CALENDA	AP DAYS OF THE PEOUE	Data Entry
			THE SO OKCERDA	THE REQUE	STED START DATE.
	Fraining Completion or Tell Completed Worksite Training	rmination Terminated for Cause Qui	t 🗆 Layoff	☐ Program Termin	ation Transfer
	Termination Date	(Explain in Comments)	(Lack of World		
comments	Annual Control of the Control				State Use Only Date Init.
					To ATC
					Data Entry
Signature of	Official Sponsor Representative	Date	Print Name	OZANIJAN SIZ	
	THE DEPARTMENT OF LABOR	R MUST RECEIVE THIS FORM WITHIN 30 C	CALENDAR DAYS	OF THE COMPLETION/	ERMINATION DATE.
I. RI Comple	etion	STATE USE O	NLY		State Use Only
Apprentice I	has satisfied the RI requirement has not satisfied the RI requirem	s. Completion date:			State Use Only Date Init. To ATC
	751E15				To DLEA
Signatu	ire of DLEA Representative	Date	Print Name		

Must be returned within 30 days of receipt

Page 1 of 2

WE ARE YOUR DOL

AT 401 (11/20)

Department of Labor of Labor of Labor of Labor of Labor pprentice Training

Apprenticeship Agreement

I. Apprentice	eship Agreemer	NOV 17	2023 Sponso	r No. 126	34	ATP Code	30611C	
			L Constal Cons	t. Mb	1199SE	Program Sponsor EIU Training a		g Fund
						ress of Program Spons Ave., 4th Floor	or (no. and street)	
					New Yo		State NY	Zip code 10018
						ess of Program Sponso		nt Funds
					City New Yo	County	State NY	Zip code 10018
						ied Nursir	ng Assista	
	hip Program? 🗌		Completion from a		3.Start Date	4. Length of program (Months) 12/Competency	5. DOL Apprentice Period for Completion (Months) 3	robation
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8.Credit for p	orevious training or	experience:	Month on ☐ Transfer	ns	Points erience (Emplo	Sections byer name):		
. Apprentice W	Vage Progression (Without Benefi	its) for each Period	. Choose one:	134	V. 1. — A	Sections	
As per	side-letter	3	4	5	6	7 8	9	10
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Signatu	re of DLEA Represer	itative	Date	-	Print Name		Data Entry	_

Must be returned within 30 days of receipt

WE ARE YOUR DOL Training

Department OV 17 2023

Apprenticeship Agreement

	ship Agreement				34	ATP Code	00611	
						rogram Sponsor		
					1199SE	IU Training a	and Upgradir	g Fund
					Physical add	ress of Program Spons		
					498 7th A	Ave., 4th Floor		
					City	County	State	Zip code
					New Yo	rk	NY	10018
					Mailing addre	ess of Program Sponso	or (no. and street)	
					1199SE	IU Training a	nd Employme	ent Fund
					City	County	State	Zip code
					New Yo	rk	NY	0.70
					2. Trade: \square	Time-based 🖸 Con	nnetency-based	
						ied Nursii		
Has the appr	entice received any	Certificate of	Completion from	a State or Federal	3.Start Date	4. Length of program	5. DOL Apprentice P	
Apprenticesh	ip Program? Yes	s 🗆 No			o.o.an bate	(Months)	Period for Completio	n Rates
f "Yes," Trac	le		Sta	ate		12/Competency	(Months) 3	
	nd Supplemental Inst					RI Compensated	7. Minimum Journey	-Worker Rat
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					2.00	☑ No	are por orde	101101
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pprentice W	age Progression (Wi	ithout Benefit	s) for each Period	d. Choose one:	Months 🗆 H	lours Points	Sections	
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s per	side-letter							
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AT 401 (11/20)

Must be returned within 30 days of receipt

Page 1 of 2

NYS Department of Labor

WE ARE YOUR DOL

Please send to your regional DOL office:

Department NOV 17 2023

Apprenticeship Agreement

I. Apprentic	ceship Agreement	tral Office Spons	or No	2434		ATP C	ode_8	0611	(
						rogram Spo IU Tra		and Upg	radin	g Fund
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						Time-based		ng As		
				3.Start	Date	4. Length ((Months)		5. DOL Appropried for Co	entice Pr	obation
	and Supplemental Instruction 305 7th Ave, N	THE COURS OF SHADOW STATE OF THE STATE OF TH	The second second			RI Compe	ensated	7. Minimum as per		Worker Rate
	previous training or experienc			Points is Experience (I		/er name):	Sections			
Apprentice \	Wage Progression (Without Be	enefits) for each Perio	od. Choose or	ne: Months	□н	ours 🗆	Points [Sections 9		10
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II. RI Comple Apprentice I Apprentice I	etion nas satisfied the RI requireme nas not satisfied the RI require	nts. Completion date: ments.		USE ONLY				To ATC To DLEA	tate Use (Only Init.
Signatu	re of DLEA Representative	/ / / Date		Print Na	ame	*		Data Entry	-	

AT 401 (11/20)

Must be returned within 30 days of receipt

Page 1 of 2

NYS Department of Labor

Please send to your regional DOL office:

AA	MIK	E 1	. 0	OR	PU	-	
-	- 2	HEW YORK	Dep	artment	MUA	17	2023

Apprenticeship Agreement

I. Apprentic	eship Agreement	Central Of	fice Spons	or No. 120	34	ATP	Code	80611	
					11. At all Additions	of Program SEIU T		ind Upgrad	ling Fund
							rogram Spons 4th Floor	or (no. and street)	
					New	York	County	Stat N	
								r (no. and street) nd Employr	nent Funds
					City New		County	Stat	e Zip code Y 10018
						: 🗆 Time-ba		npetency-based	□ Hybrid stant
	orentice received any ship Program? ☐ Ye		-27-4-19-14-10-11/	a State or Federa		Date 4. Leng (Months	th of program	5. DOL Apprentic Period for Comple (Months) 3	e Probation
The Control of the Co	and Supplemental Ins 305 7th Av		THE REAL PROPERTY.			RI Cor		7. Minimum Jour as per sic	ney-Worker Rate
	previous training or etatement Vocat	experience: ional Education	Mon □ Transfer		Points		Sections ne):		
9. Apprentice \ 1	Wage Progression (V 2	Vithout Benefits 3) for each Perio	d. Choose one: [Months 6	☐ Hours	Points [Sections 9	10
As per	side-letter								
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	etion has satisfied the RI re has not satisfied the				ONLT		_	To ATC To DLEA	Use Only Date Init.
Signate	ure of DLEA Representa	tive	Date		Print Na	ame		Data Entry	

WE ARE YOUR DO Frentice Training

Please send to your regional DOL office:

Page 1 of 2

117	NOV 17 202	3
/]	NUA 3	1 202

AT 401 (11/20)

Apprenticeship Agreement

New York NY 10018 Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Fun City County State Zip code	I. Apprenticeship Agreement	Central Offspons	sor No. 12 6	31	_ ATP Code	30611	_
Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor City County State 2ip cod New York Malling address of Program Sponsor (no. and street) 1199SEIU Training and Employment Fun City County State 2ip cod New York NY 1000 2. Trade: Time-based Competency-based Hybrid Certified Nursing Assistant Apprentice-the program? Yes Into State of Federal (Months) State Time-based Competency-based Hybrid Certified Nursing Assistant Apprentice-the program? Yes Into State Time-based Competency-based Hybrid Certified Nursing Assistant Apprentice-the program? Yes Into State Time-based Competency-based Hybrid Certified Nursing Assistant Apprentice-the program? Yes Into State Time-based Competency-based Hybrid Certified Nursing Assistant Apprentice-the program? Yes Into Into Time-based Into I						and Unarodir	a Fund
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2. Trade: Time-based Competency-based Hybrid Certified Nursing Assistant Has the apprentice received any Certificate of Completion fron a State of Federal Apprenticeship Program? Yes No If Yes. Trade State Sta						State	Zip code
Certified Nursing Assistant Has the apprentice received any Certificate of Completion front & State of Federal Apprenticeship Program? Yes No No Not No							10018
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Has the apprentice received any Certificate of Completion from \$ State of Federal Apprenticeship Programs State St				Certi	fied Nursii	ng Assist	ant
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001 8. Credit for previous training or experience: Reinstatement Vocational Education Transfer Previous Experience (Employer name): Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections Apprentice Agree to the Terms on Page 2 of this Form. Apprentice Agree to the Terms on Page 2 of this Form. Apprentice Agree to the Terms on Page 2 of this Form. Apprentice Agree to the Terms on Page 2 of this Form. Apprentice Agree to the Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Apprentice Agree to Terms on Page 2 of this Form. Bate Use Only Date Date	Apprenticeship Program? Yes	□No			4. Length of program (Months)	5. DOL Apprentice P Period for Completio	robation
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Apprentice Agree to the Terms on Page 2 of this Form.		3 4	5	6			10
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	Apprentice has satisfied the RI requi		e:			To ATC	
	Signature of DLEA Representative	/ / Date		Print Name	-		

Must be returned within 30 days of receipt

WE ARE YOUR Portnice Training

NOV 17 2023 Apprenticeship Agreement

. Apprentice	ship Agreement	Centr	al Offic§ponso	or No	34	ATP Code	80611	
						Program Sponsor	nd I Ingradia	a Fund
						IU Training a		ig Fund
					498 7th A	Ave., 4th Floor		
					New Yo	County rk	State NY	Zip code 10018
						ess of Program Sponso		10010
					1199SE	IU Training ar	nd Employme	ent Funds
					City New Yo	County	State	Zip code
					2. Trade:		npetency-based	10018 Hybrid
								341.000
						ied Nursir		
	entice received any iip Program? ☐ Ye le			a State or Federal	3.Start Date	4. Length of program (Months) 12/Competency	5. DOL Apprentice P Period for Completio (Months) 3	robation n Rates
	305 7th Av					RI Compensated Yes No	7. Minimum Journey as per side	
8.Credit for p	revious training or e	experience:	Mont ion ☐ Transfer		Points	Sections		
A 2 45 40			7.5	d. Choose one:			Sections	
1	2	3	4	5	6	7 8	9	10
As per	side-letter							
			he App	rentice Agree to	the Terms of	n Page 2 of this For	8	31,23
	Apprentice and Paren			Date	Signature of 0	Official Sponsor Represent	ative	Date
Register	ed by the New York Signature Ne		tment of Labor:	abor	/ Date	1	To ATC To DLEA Rank Verify Data Entry	only only
	THE DEPARTMEN	T OF LABOR	MUST RECEIVE TH	IIS AGREEMENT WIT	HIN 30 CALENDA	AR DAYS OF THE REQUE	STED START DATE.	
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	tion as satisfied the RI re as not satisfied the			:		_	State Use Date To ATC To DLEA	
Signatur	e of DLEA Representa	itive	// Date	-	Print Name		Data Entry	

NYS Department of Labor Apprentice Training

WE ARE YOUR DOL NOV 17 2023

Please send to your regional DOL office:

		Control	Apprenticeshi	p Agreement		
I Apprentice	eship Agreement	Central	Sponsor No	2634	ATP Code	806110
	omp Agreement				Program Sponsor	
				1199SE	EIU Training a	and Upgrading Fund
				498 7th	dress of Program Spons Ave., 4th Floor	or (no. and street)
				New Yo		State Zip code NY 10018
					ess of Program Sponso	or (no. and street) nd Employment Fund
				City New Yo	County	State Zip code NY 10018
				2. Trade:	Time-based	npetency-based Hybrid
				Certif	ied Nursii	ng Assistant
Has the app Apprentices If "Yes," Trac	hip Program? Ye	Certificate of Co s ☐ No	ompletion from a State or Fede State			5. DOL Apprentice Probation Period for Completion Rates
			vider(s) and location(s)		RI Compensated ☐ Yes ☑ No	7. Minimum Journey-Worker Rate as per side-letter
Reinsta	177	onal Education		Points Experience (Emplo	Sections oyer name):	
9. Apprentice W	Vage Progression (W	fithout Benefits)	for each Period. Choose one: 4 5	☐ Months ☐ F	Hours Points [☐ Sections 9 10
As per	side-letter					
			ne Apprentice Agree	James	n Page 2 of this For M M 9 Official Sponsor Represent	8,31,23
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	Signature Ne	w York State De	epartment of Labor	/ Date		To ATC IIII DV To DLEA Rank Verify Data Entry
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Apprentice ha	as satisfied the RI reason to satisfied the R	quirements. Con	mpletion date:			State Use Only Date Init.

Signature of DLEA Representative

Print Name

To DLEA Data Entry

NYS Department of Labor Apprentice Training YOUR DOL

Please send to your regional DOL office:

-	- 2 HE	WYORK DE	partment	_	NOV	1	7	2023

Apprenticeship Agreement

. Apprentice	ship Agreemen		tral Office Sponsor No	12	634	_ ATP C	ode	80611	
						EIU Tra	aining a	and Upgrad	ing Fund
					498 7th			or (no. and street)	
					New Yo	rk	unty	State NY r (no. and street)	
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					2. Trade:			ng Assis	
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8.Credit for p	revious training or tement Voca	experience: ational Education	Months □ Transfer □	Previous Exp	Points erience (Empl	oyer name)	Sections:		
Apprentice W	age Progression (2	Without Benefits	s) for each Period. Ch	noose one: 5	Months	Hours [Points [Sections	10
As per	side-letter								10
			nd the Apprenti		James	o G	of this For	8	131,23 Date
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			Department of Labor UST RECEIVE THIS AG	REEMENT WIT	Date		THE REQUE	Data Entry	==
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mpletion or Tomments	ermination Date _		(explain in Connine	ns)	(Lack of Wo	к)			Jse Only ate Init.
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Signatur	e of DLEA Represen	tative	Date -		Print Name			Data Entry	

WE ARE YOUR DOOL Training

Department NOV 1 7 2023

Apprenticeship Agreement

. Apprenticeship Agreement	Central OfficSp	onsor No	-34	ATP Code	80611
				rogram Sponsor	
					and Upgrading Fund
			Physical add 498 7th A	ress of Program Spons Ave., 4th Floor	or (no. and street)
			City	County	State Zip cod
			New Yor		NY 1001
				ss of Program Sponso	
			1199SE	IU Training a	nd Employment Fun
			City	County	State Zip code
			New Yo	724	NY 100
			2. Trade:	Time-based	npetency-based Hybrid
			.Certifi	ed Nursin	ng Assistant
Has the apprentice received any C Apprenticeship Program? ☐ Yes If "Yes," Trade		from a State or Federal		4. Length of program (Months) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instru	uction (RI) Provider(s) a	nd location(s)		RI Compensated	7. Minimum Journey-Worker Ra
CWE / 305 7th Ave	, New York,	NY 10001		☐ Yes ☑ No	as per side-letter
8.Credit for previous training or exp	perience:	Months	Points	The State of the S	Par cial ionio
				Sections	
	nal Education			yer name):	7. 1. 7. 7
Apprentice Wage Progression (With 1 2	hout Benefits) for each F	Period. Choose one:	Months □ H 6		Sections
As per side-letter				7 8	9 10
, to per one folial					
TH	e Sponsor and the	Apprentice Agree to	the Terms or	Page 2 of this For	m. ,
		1 1	ame	1 Chang	8 ,31,23
Parent/G	Suardian if age 16-17	Date	Signature of C	Official Sponsor Represent	ative Date
Registered by the New York S	tate Department of Laborate	or:			State Use Only
					TO ATC 1776 OF
Signature New	York State Department	of Labor	Date	1	To DLEA
THE BED LETTERS					Data Entry
THE DEPARTMENT	OF LABOR MUST RECEIV	/E THIS AGREEMENT WITH	HIN 30 CALENDA	R DAYS OF THE REQUE	STED START DATE.
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		E THIS FORM WITHIN 30 C		OF THE COMPLETION/	ERMINATION DATE.
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. RI Completion Apprentice has satisfied the RI requ	uiremente Completion		34.5		State Use Only
Apprentice has not satisfied the RI	requirements.	uale			To ATC Init.
		/			To DLEA
Signature of DLEA Representative	e Dat	te	Print Name		Post six,

NYS Department of Labor Apprenticeship Training Office

AUG 3 0 2023

WE ARE YOUR DOL

NEW YORK STATE OF LABOR OF Labor Apprenticeship Training Program Sponsor Code 12634 Trade Code 80611c

MYC

Related Instruction Availability

	iruotion Availab	,
Trade: Certified Nursing Assistant Sponsor Name: 1199SEIU LeagueTraining and Up	parasdina Fund	
	ograsuing i unu	
Sponsor Representative: Daniel Bustillo		
Sponsor Address:		Manhattan
No. & Street: 498 7th Ave., 4th Floor County: NY	City:	10019
County: NY	State: NY	Zip Code: 10018
Sponsor Telephone No.: 212-284-9247		
Proposed Number of Apprentices:10		
AT Office		
Name: Shakira Gomez		
No. & Street: 199 Church Street 3rd floor	200	
City: New York	State: NY	Zip Code: 10001
Apprentice Training Representative:		Date Prepared: 5/3/23
Related instruction is not available.	Related instructio	n is available at:
School		
Name: Consortium for Worker Education		
No. & Street: 305 7th Ave,		
City: New York	State: NY	Zip Code: 10001
School Representative Contact Information:		The state of the s
Name: Sonia Torruella		
Telephone No.: (212) 440-2064	Email: _	1
School		
Name:		
No. & Street:		
City:	State:	Zip Code: Department of Labor
School Representative Contact Information:		Apprentice Training
Name:		NOV 17 2023
Telephone No.:		1101
DLEA		Central Office
Name: Emerald Roberts/ NYC Department of Educa	ation Citywide office D79	Alternative Schools & Programs
No. & Street: 90-01 Sutphin Boulevard 2nd floor Ro		
City: Jamaica		Zip Code: 11435
Signature of DL		Date Prepared: 9/19/27
orginature of DE		Date Frepared



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

	MAR . 7 -		Sponsor Code	
	102 3		Trade Code 89-5	660H
	N' C			
1199SEIU League Training and Upgradin	g Fund			, located at
(8	iponsor)			
330 West 42nd Street, 2nd Floor - New York,	NY 10036			
· ·	ddress)			
is presently accepting applications for an estimated		training positions	s in	
	of Openings)			•
the occupation of Community Health Worker	(Toods)			•
If you are interested in taking advantage of this training of	(Trade)	llowing qualificat	ions, vou are eligible t	n anniv
	•	normig quannear	ions, you are engiore to	о арріу.
	inlmum Qualifications			
Minimum Age: 18				
Minimum Education: High School Diploma or GE	D or TASC		NYS Depa	rtment of Labo
Physical Condition: Be physically able to perform the work	c required as determined t	ру	Apprer	tice Training
			NOV	17 2023
(Note: Costs for medical examination, if required, are at t application fees charged to an applicant may not result in	he expense of the sponso a profit for the sponsor.)	r. Additionally, a	ny testing fees and per Cent	mitted ral Office
Other:				
Must pass a post-offer drug test at the exp	ense of the employe	er/sponsor.		
Other:				
Must be willing to be finger printed after en	nployment offer at th	ne expense (of the employer/s	ponsor.
Other.				
Must pass a criminal background check af	ter employment offe	or at the eyne	ense of the emplo	over/snonsor
Must pass a chiminal background check at	ter employment one	at the expt	singe of the emple	, , , , , , , , , , , , , , , , , , ,
		_	_	
Application Forms May be Obtained From:	Dates:	From:	To:	
Name: Bea Joseph - Director of Recruitmen	t Days:			
Address:	Times:			
Bronx Lebanon Hospital Center 1276 Fulton Avenue, 6th Floor				
Bronz, NY 10456 Phone Number: (718) 590 - 1800	Email Address			
				
Special Instructions:			and the second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
All Applications Must be (please check) Received P	ostmarked no Later Than:			
AT 505 (04/16) See In:	structions on Reverse S	ide	t er ente	T _{ran}



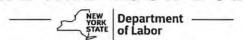
 Sponsor Code:
 12634

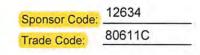
 Trade Code:
 80611C

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: 1199SEIU League Training and Upgrading Fund	
Located at: (Address) 498 7th Ave., 4 Floor, NY, NY 10018	
Is presently accepting applications for Apprenticeship Training Positions: List estimate	ted number of openings:
In the occupation of: (List Trade) Certified Nursing Assistant	-
If you are interested in taking advantage of this training opportunity and meet eligible to apply.	the following qualifications, you are
Minimum Qualifications High School Diploma or	GED or TASC
Minimum Age: 18 Minimum Education:	
Physical Condition: Be physically able to perform the work required as determined by	y:
(Note: Costs for medical examination, if required, are at the expense of the sponsor. application fees charged to an applicant may not result in a profit for the sponsor.)	Additionally, any testing fees and permitted
Other: Must pass a post-offer drug test at the expense of the em	ployer/sponsor.
Other: Must be willing to be finger printed after employment offer at the	expense of the employer/sponsor.
Other: Must pass a criminal background check after employment offer at t employer/sponsor.	he expense of the
Application forms may be obtained: From:	
Address: 498 7th Ave., New York, NY 10018	NYS Department of Labo
Days Mon - Sun any time	MOV 1 7 cone
Phone: (212) 284-2981 Emai	NOV 1 7 2023
Special Instructions:	Central Office
https://www.1199seiubenefits.org/training/	
All Applications Must be (please check) Received Postmarked No La	ater Than:





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Sponsor Code 12634

Trade Code(s) 80611C

New York State Department of Labor Apprentice Training Program Affirmative Action Plan

☑ New Program	m Amended	Renew	al	
To be Administered by (Sponsor's Name):	1199SEIU League Tr	aining and U	pgrading	Fund
Address: 498 7th Ave., 4th Floor		State:	NY Z	p: 10018
Plan is effective: From: 11/1/23 Τ Ψ/24/23	6/23/28			
	alf of the above-named r intent to fulfill this Af	그림으로 하는 것이 없는 것이 없는데 뭐 하는데 없다.	ion Plan.	
Signature of Sponsor:			_ Date: _	8/31/23
Print Name: Daniel Bustillo	nticeship Committee or their		ornauvo.	
Title: Depty Executive Director			NYSD	epartment of Lagran
				rentice Training
			N	OV 1 7 2023
Do	o not write below this I	ine.	Ģ.	entral Office
Approved by:			Date:	
NY	'S Department of Labor			
Title:				

Part II - Labor Force Analysis/Utilization Study

A. The total labor force is 5,994,700 in the following county(counties):

Kings	Richmond	Suffolk
New York	Queens	Westchester
The Bronx	Nassau	

The labor force includes:*

Minorities

African American	1127590	17.73	%
Hispanic	1571080	24.70	%
Other Minorities**	900505	14.16	%
Total Minorities	3599175	56.59	%
Women	3077915	48.39	<u> </u> %

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities:	56.59	%
Goal for Women:	6.9	%

NYS Department of Labor Apprentice Training

NOV 1 7 2023

Central Office

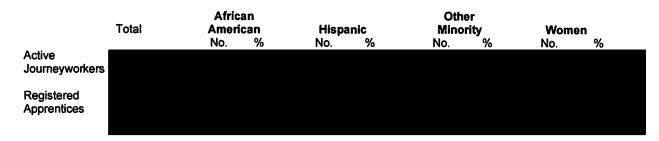
^{*} Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

^{**} Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

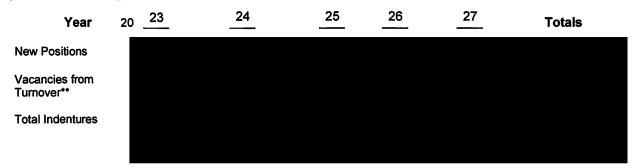
Part III - Current and Projected Staffing and Annual Goals

Title of Trade Certified Nursing Assistant

A. Current Staffing in the Above Trade

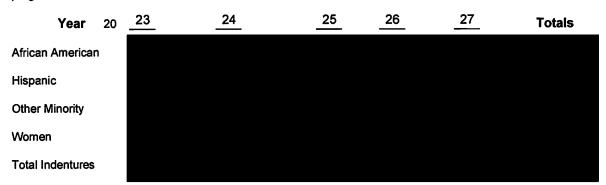


B. Projected Number of Apprentice Indentures*



C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*



The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

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^{*} Where no apprentice indentures are planned for a particular group or year, enter "0".

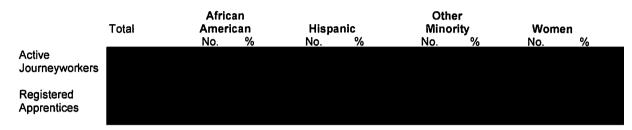
^{**} Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).



Part III Addendum Current and Projected Staffing and Annual Goals

Title of Trade Community Health Workers

A. Current Staffing in the Above Trade

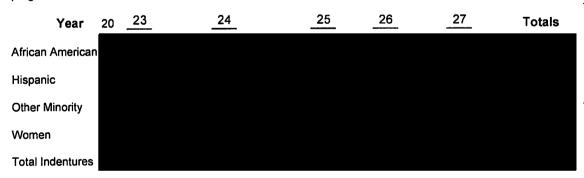


B. Projected Number of Apprentice Indentures*



C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*



The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

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^{*} Where no apprentice indentures are planned for a particular group or year, enter "0".

^{**} Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion). Apprentice Training

Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agree	ed that	the sponsor will recruit applicants for apprenticeship by (Check One):
	1.	Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
		An area-wide public recruitment will publicize the following information:
		Estimated number of apprentice job openings to be filled.
		b. Eligibility requirements.
		c. Where and when applications may be obtained.
		d. When applications are to be submitted.
		e. Affirmative Action policy of the sponsor.
	2.	Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
	3.	Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (https://newyork.usnlx.com/).
7	4.	Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used.*
s for Sele	ction	of Apprentices
Selection	of app	prentices will be made under one of the following four methods. (Check One):

C. Method

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

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^{*} A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

Part IV - Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.*
- Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
- 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached** and **submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and/or on Form AT 508, Selection Standards and Evaluations, attached.

NVS Copartment of Labor Apprentice Training NOV 17 2023

Central Office

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^{*} Sponsors are advised to keep all applications for a minimum of one year.

^{**} A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.