



NYSDOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

NYS Department of Labor
Apprentice Training

New York State
Registered Apprenticeship Training Program

JUL 22 2024

Sponsor Information Sheet and Instructions

Central Office

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

Section I

- A. Sponsor name: The Academy Charter School
- B. Trade(s): Teacher 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)*
 *For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.
- D. Name of entity completing this form: The Academy Charter School
- 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: 117 North Franklin Street
 City/Town: Hempstead State: NY Zip Code: 11550
- G. Email: [REDACTED] H. Phone: (516) 406-0871 I. Fax: (516) 292-2329
- J. Federal Employer Identification Number (FEIN): [REDACTED]
- K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
- 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? 15
- 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.

Nicholas Stapleton 6/11/24
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date
 Print name and title: NICHOLAS STAPLETON CHIEF ACADEMIC OFFICER
 Sworn to me this: 11th day of June 2024 [Signature]
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp


CARL G. JOHNSON
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01JO6261107
 Qualified in Nassau County
 My Commission Expires 05-07-2028



NYS DOL Use Only: Sponsor No. _____
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City/Town: Hempstead Waunderch State: NY Zip Code: 11550 11798
G. Email: [Redacted] H. Phone: (516) 406-0871 I. Fax: (516) 292-2329
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K. NYS Unemployment Insurance Employer Regis [Redacted]
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Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 7/1/24

Print name and title: Nicholas Stallean, Chief Academic Officer

Sworn to me this: 18 day of July 24 Signature of Notary Public or Commissioner of Deeds _____

NYS DOL Official Use Only

Field - Receipt Date Stamp

Carl O. Johnson
 CARL O. JOHNSON
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01JO6261107
 Qualified in Nassau County
 My Commission Expires 05-07-2028

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www.labor.ny.gov

NYS Department of Labor
Apprentice Training

JUL 22 2024

Apprentice Training Program Registration Agreement Central Office

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code 89-618
Effective Date of AT Program

1. Name of Sponsor: The Academy Charter School
2. Mailing Address: 117 N. Franklin Street Hempstead NY 11550 Nassau
(number & street) (city) (state) (zip code) (county)
3. Actual Address: _____
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: (516) 408-2200 Ext. _____ Fax No.: _____
5. E-mail Address: _____
6. Trade/Occupation: Teacher
7. No. Employees: 564 No. Apprentices: _____ No. Journeyworkers: 107 8. Ratio: 1:1; 2:1
9. DOT Code: _____ 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 28 per hour 14. Effective Date of Wages: 09/01/2024

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours:	0-6	7-12	13-24							
Wage rate: or, percentage of the journeyworker rate:	\$25.00	27.00	28.00							

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

17. 7/12/2024 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Dr Paula Morris, Chief Instruct. Tech & Innov. Officer N/A
Print Name and Title Print Name, Title, and Union Name

19. _____ Date
Signature New York State Department of Labor

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-618

NYS Department of Labor
Apprentice Training

JUL 22 2024

Related Instruction Availability

Trade: Teacher Assistant

Sponsor Name: The Academy Charter School Central Office

Sponsor Representative: Dr. Paula Morris

Sponsor Address:

No. & Street: 117 North Franklin Street City: Hempstead

County: Nassau State: NY Zip Code: 11550

Sponsor Telephone No.: (516) 406-0871

Proposed Number of Apprentices: 15

AT Office

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Apprentice Training Representative: _____ Date Prepared: _____

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: The Academy Charter School

No. & Street: 100 Charles Lindbergh Blvd

City: Uniondale State: NY Zip Code: 11553

School Representative Contact Information:

Name: Dr Paula Morris

Telephone No.: 516 406-0871 Email:

School

Name: SUNY Old Westbury School of Education

No. & Street: P.O. Box 210

City: Old Westbury State: NY Zip Code: 11568

School Representative Contact Information:

Name: Diana P. Sukhram, Ph.D. Professor and Dean

Telephone No.: 516-628-5603 Email:

DLEA

Name: Judith Higgins

No. & Street: 1196 Prospect Ave

City: Westbury State: NY Zip Code: 11590

Signature of DLEA Date Prepared: 7/19/24

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-618

NYS Department of Labor
Apprentice Training

JUL 22 2024

Related Instruction Availability

Trade: Teacher Assistant

Sponsor Name: The Academy Charter School

Central Office

Sponsor Representative: Dr. Paula Morris

Sponsor Address:

No. & Street: 117 North Franklin Street City: Hempstead

County: Nassau State: NY Zip Code: 11550

Sponsor Telephone No.: 516-4060871

Proposed Number of Apprentices: 10

AT Office

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Apprentice Training Representative: _____ Date Prepared: _____

Related instruction is **not** available.

Related instruction is available at:

School

Name: TOURO University

No. & Street: 3 Time Square, Room 629

City: New York State: NY Zip Code: 10036

School Representative Contact Information:

Name: Dr Laurie Bobley

Telephone No.: (212) 463-0400 ex. 55168 Email:

School

Name: Nassau Community College

No. & Street: One Education Drive

City: Garden City State: NY Zip Code: 11530-6793

School Representative Contact Information:

Name: Prof. Dianne Martin

Telephone No.: (516) 572-7458 Email:

DLEA

Name: Judith Hynes

No. & Street: 1196 Prospect Ave

City: Westbury State: NY Zip Code: 11590

Signature of DLEA Date Prepared: 7/19/24



JUL 22 2024

Central Office

Non-Discrimination Plan (Short Form)

A. **Equal Opportunity Pledge:** Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

B. **Sexual Harassment Prevention Policy:** Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/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 Apprenticeship Director 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, Apprenticeship Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. **Recruitment:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- Listing all apprentice openings with the NYS Job Bank (<https://newyork.usnlx.com>) 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 Job Bank (<https://newyork.usnlx.com>).
- 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 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.

7/15/2024
Date

Dr Paula Morris

Chief Instruct. Tech. & Innovation Officer

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name The Academy Charter School Sponsor Code _____ No. of Apprentices _____

Trade(s) Teacher Assistant Trade Code(s) 89-618



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Academy Charter School

Located at: (Address) 117 North Franklin Street, Hempstead, NY 11550

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: _____

In the occupation of: (List Trade) Teacher Assistant

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

Minimum Qualifications High School Diploma or Equivalence or Enrollment in A Career and Technical Education (CTE) Program
Minimum Age: 16 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: Must be able to write, read, hear and understand verbal and written instructions/ warnings given in English. Must be legally able to work in the United States. Proof will be required, if applicable, after enrollment in apprenticeship program.

Other: Must pass a post-offer drug test.

Other: After selection and prior to indenture in accordance to The U.S. Equal Employment Opportunity Commission (EEOC) and the U.S. Federal Trade Commission (FTC), candidates must pass a FINGER PRINTING CLEARANCE, AS REQUIRED BY NYSED FOR SCHOOL EMPLOYMENT, AND that meets all Federal, State and Local requirements for these positions.

Application forms may be obtained: From: _____ To: _____

Name: The Academy Charter School

Address: 117 North Franklin Street Hempstead NY 11550

Days: _____ Times: _____

Phone: (516) 408-2200 Email: _____

Special Instructions:

Applications will be available on the Academy Charter School's website at www.academycharterschool.org. Completion and submission can be done Online.

All Applications Must be (please check) Received Postmarked No Later Than: _____

Selection Standards and Evaluations

JUL 22 2024

Name of Candidate: _____ Trade: Teacher Assistant
Address: _____ City: _____ State: _____ Zip: _____
Central Office

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	20			Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Related Technical Education Past Grade <u>9</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed	5			
<input type="checkbox"/>	Other: _____	5			
Work Experience					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	30			Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Active Military Experience	15			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	05			
<input type="checkbox"/>	Other: _____	10			
Seniority					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	10			Total
<input checked="" type="checkbox"/>	Other: <u>Letter of recommendation from a supervisor</u>	5			
<input type="checkbox"/>	Other: _____	5			
Job Aptitude					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
<input type="checkbox"/>	Administered by _____				
<input type="checkbox"/>	Other: _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	40			Total
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points **→**

100	Total Score →	
-----	---------------	--

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: _____

Sponsor Address: _____