

**WE ARE YOUR DOL**



Department of Labor

NYS Department of Labor  
Apprentice Training

NYS DOL Use Only: Sponsor No. \_\_\_\_\_  
 New Program  Reactivation  Revision  Recertification

OCT 13 2021

New York State  
Registered Apprenticeship Training Program

**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: AccessCNY, Inc
- B. Trade(s): Direct Support Professional (DSP)
- 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: AccessCNY, Inc
- 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: 1603 Court Street  
 City/Town: Syracuse State: NY Zip Code: 13208
- G. Email: [REDACTED] H. Phone: (315) 410-3360 I. Fax: (315) 455-5989
- 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? 73
- 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.

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- Central Office
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.

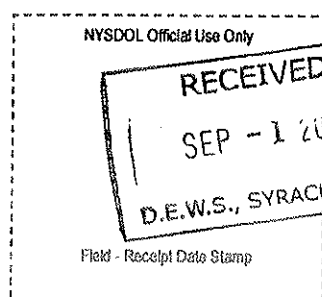
[Signature]  
Signature of CEO, Chair, or representative granted legal authority to bind the Entity

8/19/2021  
Date

Print name and title: Paul Joslyn CEO

Sworn to me this: 19 day of August 2021

[Signature]  
Signature of Notary Public or Commissioner of Deeds



SUSAN J. DINEHART  
NOTARY PUBLIC, State of New York  
Qualified in Oswego Co. No. 4979398  
My Commission Expires March 25, 2023

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**Apprentice Training Program Registration Agreement**

Revision

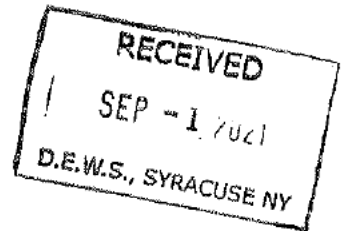
Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<b>89547</b>
Effective Date of AT Program	

- Name of Sponsor: Access CNY Inc
- Mailing Address: 1603 Court St Syracuse NY 13208 Onondaga  
(number & street) (city) (state) (zip code) (county)
- Actual Address: \_\_\_\_\_  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-410-3360 Ext. \_\_\_\_\_ Fax No.: 315-455-5989
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Direct Support Professional
- No. Employees: 1800 No. Apprentices: 0 No. Journeyworkers: 5 8. Ratio: 1:1:1:1
- DOT Code: 195.367-900 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 13.00 per hour 14. Effective Date of Wages: \_\_\_\_\_

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

	1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/>	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"/>
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"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
1000 hrs	2000 hrs									
12.75	13.00									



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

17. Susan Schultz 08/25/2021  
Signature of Official Sponsor Representative Date  
Susan Schultz Chief Operating Officer  
Print Name and Title

18. \_\_\_\_\_  
Signature of Union Representative Date  
Print Name, Title, and Union Name

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

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Department  
of Labor

Apprenticeship Training Program

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

Trade Code 89-547

Central Office

**Related Instruction Availability**

Trade: Direct Support Specialist

Sponsor Name: Access CNY Inc

Sponsor Representative: Sue Schultz

Sponsor Address:

No. & Street: 1603 Court St City: Syracuse

County: Onondaga State: NY Zip Code: 13208

Sponsor Telephone No.: 315-410-3360

Proposed Number of Apprentices: 10

**AT Office**

Name: NYS Department of Labor - Apprenticeship Training

No. & Street: 450 S. Salina St Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: \_\_\_\_\_

Related instruction is **not** available.

Related instruction **is** available at:

**School**

Name: Onondaga Community College

No. & Street: 4585 W Seneca Turnpike

City: Syracuse State: NY Zip Code: 13215

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

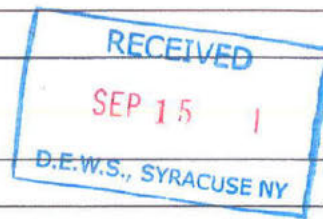
**DLEA**

Name: [REDACTED]

No. & Street: 573 East Genesee Street

City: Syracuse State: NY Zip Code: 13202

Signature of DLEA: [REDACTED] Date Prepared: 8-25-2021



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[www.labor.ny.gov](http://www.labor.ny.gov)

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

Trade Code: 89-547

### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Access CNY Inc

Located at: (Address) 1603 Court St, Syracuse NY 13208

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 15

In the occupation of: (List Trade) Direct Support Professional

**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: 17 Minimum Education: None

Physical Condition: Be physically able to perform the work required as determined by:

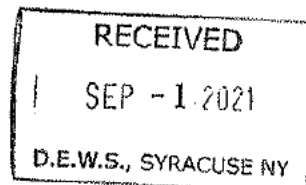
Verbal attestation of capability

(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: Capable of lifting 75 pounds, bending, squatting, standing or walking for long periods, pulling and pushing. Must have valid drivers license to operate company vehicle

Other: Literacy ability equal to a 8th grade reading level. Must be able to demonstrate ability to communicate with participants and document services. Basic word processing and email skills required.

Other: Utilize proactive ethical approach to avert and/or deescalate crisis situations.  
Background checks paid for by the employer after the offer of employment



Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Access CNY Inc

Address: 1603 Court St, Syracuse NY 13208

Days: Monday to Friday Times: 8:00am - 4:30pm

Phone: \_\_\_\_\_ Email: [REDACTED]

Special Instructions:

Can also apply on-line at [www.accesscny.org](http://www.accesscny.org)

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

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Sponsor Code \_\_\_\_\_  
Trade Code(s) 89-547

**Selection Standards and Evaluations**

Name of Candidate		Trade Direct Support Professional		
Address		City	State	Zip

Only those checked apply.	Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b> <input checked="" type="checkbox"/> 1 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 1 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	<b>Total</b> 14		<b>Total</b>
	4		
	10		
<b>Work Experience</b> <input checked="" type="checkbox"/> 1 Points for Each Year of Trade Related Work Experience <input type="checkbox"/> Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	<b>Total</b> 15		<b>Total</b>
	10		
	5		
<b>Seniority</b> <input checked="" type="checkbox"/> 1 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	<b>Total</b> 5		<b>Total</b>
	5		
<b>Job Aptitude</b> <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> Other _____	<b>Total</b>		<b>Total</b>
<b>Oral Interview: Not to Exceed 40% of Total Score</b> <input checked="" type="checkbox"/> 1 Ability to Communicate <input checked="" type="checkbox"/> 1 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>Total</b> 13		<b>Total</b>
	3		
	3		
	4		
	3		

**Total Allowable Points** → **47**      **Total Score** →

Rank \_\_\_\_\_

Evaluated by \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Name Access CNY

Sponsor Address 1603 Court St, Syracuse NY 13208

RECEIVED  
SEP - 1 2021  
D.E.W.S., SYRACUSE N

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Department  
of Labor

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

Trade Code(s) 89-547

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

New Program     Amended     Renewal

RECEIVED  
SEP - 1 21  
D.E.W.S., SYRACUSE NY

To be Administered by (Sponsor's Name): Access CNY inc

Address: 1603 Court St, Syracuse State: NY Zip: 13208

Plan is effective: From: \_\_\_\_\_ To: \_\_\_\_\_

**On behalf of the above-named sponsor,  
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor: *Susan Schultz* Date: 8/25/21

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

Print Name: Susan Schultz

Title: Chief Operating Officer

**Do not write below this line.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

Title: \_\_\_\_\_

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## Part I – Equal Opportunity Standards

- A. Provide a brief description of the nature and extent of the Sponsor's business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.

AccessCNY offers person-centered services that empower individuals of all ages and abilities to reach their full potential as part of our shared community. Services are provided with dedication, compassion, innovation, and commitment.

AccessCNY is both a new agency and one with a rich history. The agency was officially formed in January 2015 with the merger of two agencies that served individuals with disabilities: Enable and Transitional Living Services (TLS). In 2018, AccessCNY expanded again with the merger of Spaulding Support Services. The agency's most recent addition came in 2019, when Onondaga CASA became a part of AccessCNY.

### B. Equal Opportunity Pledge

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following Equal Opportunity Pledge:

The recruitment, selection, employment, and training of apprentices during their 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, and 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.

### C. Affirmative Action Policy Statement\*

Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

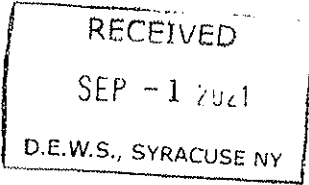
### D. Sexual Harassment Policy Statement\*

Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

\* Sponsors needing assistance in developing an Affirmative Action and/or Sexual Harassment Policy Statement should contact the New York Department of Labor's Division of Equal Opportunity Development.



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**Part II – Labor Force Analysis/Utilization Study**

A. The total labor force is 366845 in the following county(counties): Central Office

<u>Onondaga</u>	<u>Oswego</u>	
<u>Madsison</u>		
<u>Cayuga</u>		

The labor force includes:\*

**Minorities**

<b>African American</b>	<u>23530</u>	<u>6.41</u>	%
<b>Hispanic</b>	<u>12275</u>	<u>3.35</u>	%
<b>Other Minorities**</b>	<u>15489</u>	<u>4.22</u>	%
<b>Total Minorities</b>	<u>51294</u>	<u>13.98</u>	%

<b>Women</b>	<u>177895</u>	<u>48.49</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:	<u>13.98</u>	%
Goal for Women:	<u>6.9</u>	%

\* 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.

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**Part III – Current and Projected Staffing and Annual Goals**

Title of Trade Direct Support Professional

**A. Current Staffing in the Above Trade**

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

**B. Projected Number of Apprentices Indentures\***

Year	20	21-2	2023	2024	2025	2026	Totals
New Positions							
Vacancies from Turnover**							
Total 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:\*

Year	20	21-2	2023	2024	2025	2026	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

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.

\* 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).

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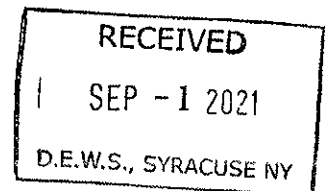
**Part IV – Action Plans and Requirements**

**A. Outreach and Positive Recruitment Plan**

Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

**Outreach and Recruitment Activities:**

AccessCNY will post openings with the NY Department of Labor as well as Job Target. The agency will also be working with local colleges and high schools for outreach. AccessCNY will attend external job fairs as well as host internal job fairs. The agency will also advertize apprentice opportunities on our website.



**Direct Entry Provider(s):** (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)

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#### Part IV – Action Plans and Requirements (continued)

##### B. Recruitment

It is agreed 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:
- a. 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/](http://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 ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)).
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.\*

##### C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One):

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.

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

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**Part IV – Action Plans and Requirements (continued)**

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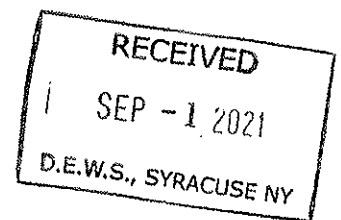
**C. Methods for Selection of Apprentices (continued)**

- 2. 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.\*
  
- 3. 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.
  - b. 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.
  - e. 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.



\* 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.

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#### **Part IV – Action Plans and Requirements (continued)**

##### **E. Notification and Appointment of Candidates for Apprenticeship.**

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It is agreed that whether selection is made from a certified list established by rank, random selection, list of current employees or union members, or alternative methods, the following notification procedure will prevail:

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure, Part 600.12.
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reasons for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure, Part 600.12.
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail, return receipt requested.
4. After the commencement of the term of an apprenticeship program, the program sponsors may appoint available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of such appointment will be in writing and shall be sent by certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

#### **Part V – Discrimination Complaint Procedure**

It is agreed that complaints will be filed in accordance with Part 600.12, Complaint Procedures, as defined under Equal Employment Opportunity in Apprenticeship Training Regulations.

#### **Part VI – Distribution**

Send the original Affirmative Action Plan to your Apprentice Training Representative.