

MAY 02 2022

New York State  
Registered Apprenticeship Training Program

Central Office

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.

Section I

- A. Sponsor name: Altium Packaging, LP
- B. Trade(s): 46-518 Plastic Process Technician, 66-378A Plant Maintenance Mechanic (4 years)
- 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: Individual Employer/Sponsor (Altium Packaging, LP)
- 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: 2500 Windy Ridge Parkway, Suite 1400  
 City/Town: Atlanta State: GA Zip Code: 30339
- G. Email: \_\_\_\_\_ H. Phone: (678)529-2029 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 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? 23
- O. Within the past five (5) years, have you done business under a different name?.....  Yes  No  
 If 'Yes', provide attachments as noted in the instructions.
- P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,\*\* any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? .....  Yes  No  
 If 'Yes', provide attachments as noted in the instructions.

Section II

Complete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,\*\* any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law?.....  Yes  No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?...  Yes  No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law?.....  Yes  No

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

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?.....  Yes  No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?.....  Yes  No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?.....  Yes  No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?.....  Yes  No  
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?  Yes  No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?.....  Yes  No  
 b. If 'Yes', was the violation determined to be willful?.....  Yes  No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?.....  Yes  No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) other than those covered above?.....  Yes  No

**After completing Sections I and II, you must sign Section III, and have it notarized.**

**Section III**

**Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.**

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity *[Signature]* Date 2-14-2022

Print name and title: VP, Talent and Development

Sworn to me this: 14 day of February 2022  
 Signature of Notary Public or Commissioner of Deeds *[Signature]*



Signature of Notary Public or Commissioner of Deeds  
 NYS Department of Labor  
 Apprenticeship Training  
 Received  
 Apprenticeship Unit  
 MAR 2 2022  
 ROCHESTER

MAY 02 2022  
 Central Office



MAY 02 2022

Apprenticeship Training Program

**Central Office**

**Related Instruction Availability**

Trade: Plant Maintenance - Mechanic (4 Year)

Sponsor Name: Altium Packaging, LP

Sponsor Representative: Steven Rimmer

Sponsor Address:

No. & Street: 18 Champeney Terrace City: Rochester

County: Monroe State: NY Zip Code: 14605

Sponsor Telephone No.: 678-529-2029

Proposed Number of Apprentices: 2

**AT Office**

Name: NYSDOL - Apprenticeship Training Unit

No. & Street: 276 Waring Road

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 4/1/22

Related instruction is not available.  Related instruction is available at:

**School**

Name: Monroe Community College - Applied Technology Ctr

No. & Street: 2485 West Henrietta Rd

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Mike Smith

Telephone No.: (585) 685-6305 Email: [REDACTED]

**School**

Name: Penn Foster (Online)

No. & Street: http://www.workforcedevelopment.com/apprenticeship.html

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

School Representative Contact Information:

Name: Harold Ayers

Telephone No.: 800-672-9377 Email: [REDACTED]

**DLEA**

Name: [REDACTED]

No. & Street: [REDACTED]

City: Rochester State: NY Zip Code: 14605

Signature of DLEA [REDACTED] Date Prepared: \_\_\_\_\_

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Central Office

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program Application  
Either S. Rimmer, C. Toy, or ~~T. Traster~~ <sup>re</sup> are able to make program changes.

| State Use Only               |                |
|------------------------------|----------------|
| AT Sponsor No.               |                |
| ATP Code                     | <b>66-378A</b> |
| Effective Date of AT Program |                |

- Name of Sponsor: Altium Packaging, LP
- Mailing Address: 18 Champeney Terrace Rochester NY 14605 Monroe  
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (585) 672-1259 Ext. \_\_\_\_\_ Fax No.: NONE
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Plant Maintenance - Mechanic (4 Year)
- No. Employees: 71 No. Apprentices: \_\_\_\_\_ No. Journeyworkers: 10 8. Ratio: 1:1:1
- DOT Code: 899.261-014 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 Months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 32.00 per hour 14. Effective Date of Wages: 4/1/2022

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 checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" type="checkbox"/> | M <input checked="" 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 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"/> | H <input type="checkbox"/> |
|                                       | 12                                    | 12                                    | 12                                    | 12                         |                            |                            |                            |                            |                            |                            |
|                                       | \$24.00                               | \$26.00                               | \$28.00                               | \$30.00                    |                            |                            |                            |                            |                            |                            |

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

17. [Signature] 04/26/2022 18. [Signature] 4/26/2022  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Steven Rimmer - HR Analyst Catherine Toy - Area HR Specialist  
Print Name and Title Print Name, Title, and Union Name

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

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Central Office

**WE ARE YOUR DOL**



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

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

Trade Code: 66-378A

## Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Altium Packaging, LP

Located at: (Address) 18 Champeney Terrace, Rochester, NY 14605

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Plant Maintenance - Mechanic (4 Years)

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

### Minimum Qualifications

Minimum Age: 18 yrs Minimum Education: HSD, or equivalency (TASC, or GED)

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

Verbal Statement. Must take and pass a drug test and background investigation, Audiogram, paid by the sponsor at time of hire, or prior to enrollment. Must have manual dexterity.

(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 stand, or sit for prolonged periods of time. Must be willing to work in an industrial setting, which may include strong smells/odors and loud noises.

Other: Must be legally able to work in the United States. Must be able to lift a minimum of 40 lbs unassisted.

Other: Must have reliable transportation to and from work and related classroom instruction at the approved school. Must be willing to work nights, weekends, and holidays, as needed.

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

Name: Catherine Toy - Area HR Specialist

Address: 18 Champeney Terrace, Rochester, NY 14605

Days: Monday - Friday Times: 9am -3pm

Phone: (585) 672-1259 Email: [REDACTED]

Special Instructions:

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

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Central Office

**WE ARE YOUR DOL**



Department  
of Labor

www.labor.ny.gov

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

Trade Code(s) 66-378A

### Selection Standards and Evaluations

Name of Candidate: \_\_\_\_\_ Trade: Plant Maintenance - Mechanic (4 Years)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| Only those checked apply.                               |  | Maximum Points Allowable | Number of Years Credited | Score        |
|---|--|--------------------------|--------------------------|--------------|
| <b>Educational Achievement</b>                          |  |                          |                          |              |
| <input checked="" type="checkbox"/>                     | <u>2</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities                   | 28                       |                          |              |
| <input checked="" type="checkbox"/>                     | <u>4</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities | 8                        |                          |              |
| <input checked="" type="checkbox"/>                     | <u>4</u> Points for Each Trade Related Adult or Continuing Education Course Completed  | 12                       |                          |              |
| <input type="checkbox"/>                                | Other: _____   | 8                        |                          |              |
|   |  | <b>Total</b>             |                          | <b>Total</b> |
| <b>Work Experience</b>                                  |  |                          |                          |              |
| <input checked="" type="checkbox"/>                     | <u>2</u> Points for Each Year of Trade Related Work Experience   | 20                       |                          |              |
| <input checked="" type="checkbox"/>                     | <u>2</u> Points for Each Year of Active Military Experience  | 10                       |                          |              |
| <input type="checkbox"/>                                | Points for Each Year of General Work Experience  | 10                       |                          |              |
| <input type="checkbox"/>                                | Other: _____   |                          |                          |              |
|   |  | <b>Total</b>             |                          | <b>Total</b> |
| <b>Seniority</b>  |  |                          |                          |              |
| <input checked="" type="checkbox"/>                     | <u>5</u> Points for Each Year of Employment with The Sponsoring Firm   | 10                       |                          |              |
| <input type="checkbox"/>                                | Other: _____   | 10                       |                          |              |
|   |  | <b>Total</b>             |                          | <b>Total</b> |
| <b>Job Aptitude</b>                                     |  |                          |                          |              |
| <input type="checkbox"/>                                | Name of Aptitude Test: _____   |                          |                          |              |
| <input type="checkbox"/>                                | 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"/>                     | <u>1-5</u> Ability to Communicate  | 20                       |                          |              |
| <input checked="" type="checkbox"/>                     | <u>1-5</u> Willingness to Accept Obligation of Apprenticeship  | 5                        |                          |              |
| <input checked="" type="checkbox"/>                     | <u>1-5</u> Ability to Reason and Comprehend  | 5                        |                          |              |
| <input checked="" type="checkbox"/>                     | <u>1-5</u> Interest and Motivation   | 5                        |                          |              |
| <input type="checkbox"/>                                | Other: _____   | 5                        |                          |              |
| <input type="checkbox"/>                                | Other: _____   |                          |                          |              |
|   |  | <b>Total</b>             |                          | <b>Total</b> |

Total Allowable Points →

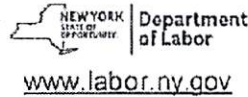
|    |               |  |
|----|---------------|--|
| 78 | Total Score → |  |
|----|---------------|--|

Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name)

Sponsor Name: Altium Packaging, LP

Sponsor Address: 18 Champeney Terrace, Rochester, NY 14605



Received  
Apprenticeship Unit  
APR 27 2022

MAY 02 2022

Central Office

Non-Discrimination Plan  
(Short Form)

ROCHESTER

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, Apprentice 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 ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)) 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 ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)).
- 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:

04/27/2022

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

Date

Steven Rimmer

HR Analyst

Print Name and Title

Approved by:

New York State Department of Labor

Date

Sponsor Name Altium Packaging, LP

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

No. of Apprentices \_\_\_\_\_

Trade(s) Plastic Process Technician, PM - Mechanic (4yr)

Trade Code(s) 46-518, 66-378A