



NYS DOL Use Only: Sponsor No. _____
[] New Program [] Reactivation [] Revision [] Recertification

NYS Department of Labor
Apprentice Training

SEP 08 2023

Central Office

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.

Section I

- A. Sponsor name: American Eagle,inc
B. Trade(s): Electrician
C. Type of Apprenticeship Training Program (check one):
1. [x] 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: American Eagle,inc
E. Entity completing this form (check one):
[x] 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: 80 Colden Street
City/Town: Newburgh State: NY Zip Code: 12550
G. Email: [redacted] Phone: (845) 569-1017 Fax: [redacted]
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? [x] 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? _____
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] 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 [x] 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 [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [] Yes [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [x] 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:

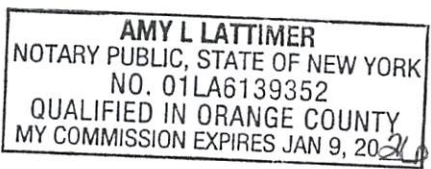
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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 Charles Terrasi Date 8-9-23

Print name and title: Charles Terrasi

Sworn to me this: 9 day of August 2023 Signature of Notary Public or Commissioner of Deeds Amy Lattimer



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Apprentice Training
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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code <u>17-072</u>
Effective Date of AT Program

1. Name of Sponsor: American Eagle Electric Co., Inc.

2. Mailing Address: 80 S Colden Str Newburgh NY 12553 Orange
(number & street) (city) (state) (zip code) (county)

3. Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: 845-569-1017 Ext. _____ Fax No.: 845569-0408

5. E-mail Address: _____

6. Trade/Occupation: Electrician

7. No. Employees: 7 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1,1:3

9. DOT Code: 824-261-010 10. Length of Program: 60 months

11. Apprenticeship Probationary Period: 12 months 12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: \$26.36 per hr 14. Effective Date of Wages: 8/17/23

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

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/>	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"/>
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"/>
12mth	12mth	12mth	12mth	12mth					
\$18	\$21	\$24	\$28	\$32					

Increase every 12 months

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

17. *Charles Terrasi* _____ Date _____
 Signature of Official Sponsor Representative _____
 Charles Terrasi / President
 Print Name and Title

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

19. _____
 Signature New York State Department of Labor

NYS Department of Labor
 Apprentice Training
 Date

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 17-072

Related Instruction Availability

Trade: Electrician

Sponsor Name: American Eagle Electric Co., Inc.

Sponsor Representative: Charles Terrasi

Sponsor Address:

No. & Street: 80 S Colden Street City: Newburgh

County: Orange State: NY Zip Code: 12550

Sponsor Telephone No.: _____


Proposed Number of Apprentices: _____

AT Office

Name: NYS Department of Labor, Apprenticeship Training Program

No. & Street: 120 Bloomingdale Rd

City: White Plains State: NY Zip Code: 10606

Apprentice Training Representative:  Date Prepared: _____

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

School

Name: Orange-Ulster BOCES

No. & Street: 3 Washington Cir. 1st Floor

City: Newburgh State: NY Zip Code: 12553

School Representative Contact Information:

Name: Lori Yakawiak

Telephone No.: 1-845-781-6715 ext. 10823 Email: 

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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DLEA

Name: Lori Yakawiak **Central Office**

No. & Street: 3 Washington Cir. 1st Floor

City: Newburgh State: NY Zip Code: 12553

Signature of DLEA  Date Prepared: 8/23/23



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: American Eagle Electric Co., Inc.

Located at: (Address) 80 S Colden Street Newburgh, NY 12550

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

In the occupation of: (List Trade) Electrician

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

Minimum Qualifications

Minimum Age: 18 Minimum Education: HS Diploma/GED/TASC

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 have a valid drivers license to operate company vehicles

Other: Must have reliable means of transportation to work and related instruction

Other:

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

Name: Charles Terrasi

Address: American Eagle Electric. Co. 80 S Colden Street Newburgh, NY12553

Days: NA Times: N/A

Phone: (845)-569-1017 Email: [REDACTED]

Special Instructions:

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

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Sponsor Code _____
Trade Code(s) 17-072

Selection Standards and Evaluations

Name of Candidate	Trade Electrician		
Address	City	State	Zip

Only those checked apply.	Total	Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement <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 <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> <u> </u> Other _____	Total	20			Total
		8			
		6			
		6			
Work Experience <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Trade Related Work Experience <input type="checkbox"/> <u> </u> Points for Each Year of Active Military Experience <input type="checkbox"/> <u> </u> Points for Each Year of General Work Experience <input type="checkbox"/> <u> </u> Other _____	Total	10			Total
		10			
Seniority <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> <u> </u> Other _____	Total	10			Total
Job Aptitude <input type="checkbox"/> <u> </u> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> <u> </u> Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> <u> </u> Other _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> <u>1-5</u> Ability to Communicate <input checked="" type="checkbox"/> <u>1-5</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>1-5</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>1-5</u> Interest and Motivation <input type="checkbox"/> <u> </u> Other _____ <input type="checkbox"/> <u> </u> Other _____	Total	20			Total
		5			
		5			
		5			
		5			

Total Allowable Points **60** → Total Score →

Rank _____

Evaluated by Charles Terrasi Name _____ Date _____

Sponsor Name American Eagle Electric Co. Inc

Sponsor Address 80 Colden Street Newburgh, NY 12553

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www.labor.ny.gov

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, 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 (<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: _____ Date: 8/1/23

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

Charles Terrasi

President

Print Name and Title

Approved by: _____ Date: _____

New York State Department of Labor

Date

Sponsor Name _____ Sponsor Code _____

Trade(s) _____ Trade Code(s) _____

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