



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

New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

AUG 18 2022

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: Amphenol Aerospace
B. Trade(s): Machinist (CNC)
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: Amphenol Aerospace
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: 191 Delaware St
City/Town: Sidney State: NY Zip Code: 13838
G. Email: [redacted] H. Phone: (607) 563-5798 I. 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):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 90+
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [] No

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 _____ Date 8/1/2022

Print name and title: Jacob B. Johnson, HR Manager - Labor Relations

Sworn to me this: 1st day of August 2022 Signature of Notary Public or Commissioner of Deeds _____

NYS DOL Official Use Only

Field - Receipt Date Stamp

JESSICA FRAILEY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FR6407951
Qualified in Broome County
My Commission Expires 07-27-2024

NYS Department of Labor
 Apprentice Training
 AUG 18 2022
 Central Office

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Department of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	<u>52231</u>
ATP Code	<u>32-130A</u>
Effective Date of AT Program	

- Name of Sponsor: Amphenol Aerospace
- Mailing Address: 191 Delaware Ave Sidney NY 13838 Delaware
(number & street) (city) (state) (zip code) (county)
- Actual Address: 191 Delaware Ave Sidney NY 13838 Delaware
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (607)563-5798 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist (CNC)
- No. Employees: 692 No. Apprentices: 4 No. Journeyworkers: 40 8. Ratio: 10:1
- DOT Code: 600.280-022 10. Length of Program: 36 months
- Apprentice Probationary Period: _____ 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 22.57 per hour 14. Effective Date of Wages: 12/13/2021
- 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"/>
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"/>
1-6 mos	7-12 mos	13-18 mos	19-24 mos	25-30 mos	31-36 mos	Completion			
22.57	22.96	23.35	23.78	24.17	24.94	29.89			

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

17. [Signature] 5-19-22 [Signature] 5/19/24
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Jacob B. Johnson - HR James Dix President 441529 IAM+AW
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor NYS Department of Labor Date

Apprentice Training
 JUN 10 2022
 Central Office



Related Instruction Availability

Trade: Machinist CNC

Sponsor Name: Amphenol Aerospace

Sponsor Representative: Jeff Anderson

Sponsor Address:

No. & Street: 191 Delaware Ave City: Sidney

County: Delaware State: NY Zip Code: 13838

Sponsor Telephone No.: 607-563-5798

Proposed Number of Apprentices: 4

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: Amphenol Aerospace

No. & Street: 191 Delaware Ave

City: Sidney State: NY Zip Code: 13838

School Representative: Jeff Anderson

School

Name: Tooling U

No. & Street: On-line

City: State: Zip Code:

School Representative:

DLEA

Name: Lynette Bryan Supervisor of Instructional Programs Broome-Tioga BOCES

No. & Street: 435 Glenwood Road

City: Binghamton State: NY Zip Code: 13905

Signature of DLEA [Redacted] Date Prepared: 6/13/2022



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 32130A _____

Amphenol Aerospace _____, located at

(Sponsor)

191 Delaware Ave, Sidney NY 13838

(Address)

is presently accepting applications for an estimated 4 _____ apprentice training positions in

(No. of Openings)

the occupation of Machinist (CNC)

(Trade)

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: High School Diploma or Equivalent (GED/TASC) _____

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

Physical examination conducted by Amphenol Medical Department

(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 pass a drug screening

Other:

Other:

Application Forms May be Obtained From: _____ Dates: From: _____ To: _____

Name: _____ Days: _____

Address: _____ Times: _____

Phone Number: (____) _____ - _____ Email Address: _____

Special Instructions:

Applications may be completed on-line at https://amphenol-aerospace.com/abs/careers or at the CDO Workforce NY office at 1 O'Hara Drive, Norwich NY 13815

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



Selection Standards and Evaluations

Name of Candidate	Trade Machinist (CNC)		
Address	City	State	Zip

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply. Educational Achievement <input type="checkbox"/> Points for Each Year of Educational Past Grade ____ 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 type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total				Total
Work Experience <input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience <input type="checkbox"/> Points for Each Year of Active Military Experience <input type="checkbox"/> Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	30 30			Total
Seniority <input type="checkbox"/> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total				Total
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input checked="" type="checkbox"/> 5 Name of Alternative Aptitude Test <u>Apprentice Entry Assessment Part 1 - 3</u> Administered by <u>Amphenol Aerospace</u> <input type="checkbox"/> Other _____	Total	30 30			Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 2 Ability to Communicate <input checked="" type="checkbox"/> 2 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 2 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 2 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	40 10 10 10 10			Total

Total Allowable Points



100	Total Score →	
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Rank _____

Evaluated by _____ Date _____
(Name)

Sponsor Name Amphenol Aerospace

Sponsor Address 191 Delaware Ave, Sidney NY 13838

NYS Department of Labor
Apprentice Training

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Sponsor Code 52231
Trade Code(s) 89558, 31229,

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

New Program Amended Renewal

To be Administered by (Sponsor's Name): Amphenol Aerospace

Address: 191 Delaware Ave, Sidney State: NY Zip: 13809

Plan is effective: From: 2/1/22 To: _____

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

Signature of Sponsor:  Date: 8-2-2022
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: Jacob B. Johnson

Title: HR - Manager of Hourly Employment & Labor Relations

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Do not write below this line.

Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 42,575 in the following county(counties):

Delaware		

The labor force includes:*

Minorities

African American	<u>630</u>	<u>1.48</u> %
Hispanic	<u>1510</u>	<u>3.55</u> %
Other Minorities**	<u>875</u>	<u>2.06</u> %
Total Minorities	<u>3015</u>	<u>7.08</u> %
 Women	 <u>19865</u>	 <u>46.66</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: _____ %
 Goal for Women: 6.9 %

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

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

Part III – Current and Projected Staffing and Annual Goals

Title of Trade CNC Machinist

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	<u>22</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	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	<u>22</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

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

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

Part 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:

- > At least 30 days prior to accepting applications, company hosts information "town hall" style meetings for interested employees to learn details of the apprenticeship, it's objectives, requirements for consideration and eligibility, and details on the bidding (application) process as defined in our Collective Bargaining Agreement.
- > Avail all employees to training opportunities to improve prerequisite skill sets and knowledge required for acceptance into the program. (Internal trainings such as shop math, blueprint reading, etc.. and outside sources such as Tooling U on-line courses).
- > Utilize Union resources and committees to promote awareness of the program and generate applications (e.g. Women's Committee, Young Machinist Committee, and union newsletters).

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/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
- 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.

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

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

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.

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

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