

JAN 09 2023

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: Apollon Group LLC
- B. Trade(s): Carpenter
- 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: Apollon Group LLC
- 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: 24-57 49th Street Suite 205  
 City/Town: Astoria State: NY Zip Code: 11103
- G. Email: [REDACTED] H. Phone: (718) 728-8000 I. Fax: (516) 352-8464
- 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? 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 \_\_\_\_\_ Date 12/05/2022

Print name and title: George Fakiris Managing Member

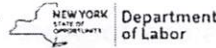
Sworn to me this: 5 day of December 2022 \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only  
 Christos Trakoshis  
 Notary Public, State of New York  
 No. 01TR6099697  
 Qualified in Queens County  
 Commission Expires 10/06/2023  
 NYS Department of Labor  
 Apprenticeship Training Office  
 Field Receipt Date Stamp  
DEC 21 2022

NYS Department of Labor  
 Apprenticeship Training  
 JAN 09 2023  
 Central Office

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<b>12-037</b>
Effective Date of AT Program	

- Name of Sponsor: Apollon Group LLC
- Mailing Address: 24-57 49 Street Astoria NY 11103 Queens  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 24-57 49 Street Astoria NY 11103 Queens  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 718-728-8000 Ext. \_\_\_\_\_ Fax No.: 516-352-8464
- E-mail Address: [REDACTED]
- Trade/Occupation: Carpenter
- No. Employees: 5 No. Apprentices: 0 No. Journeyworkers: 1 8. Ratio: 1:1, 1:4
- DOT Code: \_\_\_\_\_ 10. Length of Program: 32 months
- Apprentice Probationary Period: 12 Months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ \$35 per Hour 14. Effective Date of Wages: 12-2-2022
- 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 checked="" type="checkbox"/> 1300	H <input checked="" type="checkbox"/> 1300	H <input checked="" type="checkbox"/> 1300	H <input checked="" type="checkbox"/> 1300	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
\$20	\$25	\$30	\$34						

NYS Department of Labor  
Apprenticeship Training Office

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

17. [Signature] 12/05/2022 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
George Fakirs Managing Member  
Print Name and Title 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 12-037

NYS Department of Labor  
Apprenticeship Training Office

## Related Instruction Availability

Trade: Carpenter DEC 21 2022

Sponsor Name: Apollon Group LLC

Sponsor Representative: George Fakiris NYC

Sponsor Address:

No. & Street: 24-57 49th Street Suite 205 City: Astoria

County: Queens State: NY Zip Code: 11103

Sponsor Telephone No.: 718-728-8000

Proposed Number of Apprentices: 1

### AT Office

Name: New York State Department of Labor /DEWS

No. & Street: 9 Bond Street- 4th Floor Room 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative: [REDACTED] Date Prepared: 12/5/22

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

### School

Name: Percy Jobs & Careers SUNY Maritime College

No. & Street: 6 Pennyfield Ave. Room 2-60

City: Fort Schuyler State: NY Zip Code: 10465

School Representative Contact Information:

Name: Glenn B. Block

Telephone No.: 800-358-3513 Email: [REDACTED]

### School

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

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

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

School Representative Contact Information:

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

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

### DLEA

Name: Emerald Roberts NYC Alternative Schools Citywide Office D79 Alternative School Programs

No. & Street: 90-01 Sutphin Blvd., 2nd. Floor Room #229

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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

Trade Code: \_\_\_\_\_

### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Apollon Group LLC

Located at: (Address) 24-57 49th Street Suite 205 Astoria NY 11103

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Carpenter

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

**Minimum Qualifications** High school diploma or GED  
Minimum Age: 18 Minimum Education: Proof will be required after selection and prior to enrollment.

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 legal right to work in the US. Proof will be required after selection prior to enrollment in apprenticeship.

Other: Must be able to lift heavy materials up to sixty pounds. Must be able to perform the work of the trade without posing a threat to safety to themselves or others.

Other: Must have reliable transportation to and from remote worksites and required classes approved school

NYS Department of Labor  
Apprenticeship Training Office

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

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Name: Apollon Group LLC

NYC

Address: 24-57 49th Street Suite 205 Astoria NY 11103

Days: Monday - Friday Times: 8.00AM -4.00PM

Phone: (718) 728-8000 Email: [REDACTED]

Special Instructions:

Please email request for application

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

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

Trade Code(s) 12-037

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Carpenter

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<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	30			Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10			
<input type="checkbox"/>	Other: _____				
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Trade Related Work Experience	20			Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	5			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5			
<input type="checkbox"/>	Other: _____	10			
<b>Seniority</b>					
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Employment with The Sponsoring Firm	10			Total
<input type="checkbox"/>	Other: _____	10			
<b>Job Aptitude</b>					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
	Administered by _____				
<input type="checkbox"/>	Other: _____				
<b>Oral Interview: Not to Exceed 40% of Total Score</b>					
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	40			Total
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

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Total Allowable Points →

100	Total Score →	
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Rank \_\_\_\_\_

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

Sponsor Name: Apollon Group LLC

Sponsor Address: 24-57 49th Street, Suite 205 Astoria NY 11103



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**Non-Discrimination Plan  
(Short Form)**

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

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

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

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

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an **apprentice**, the program's apprenticeship administrator and the NYS Apprenticeship Director **must** be notified of the complaint.

C. **Minimum Qualifications and Selection Standards:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprenticeship Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

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

- Listing all apprentice openings with the NYS Job Bank (<https://newyork.usnlx.com>) for a minimum of five full working days before selections are made.
- Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (<https://newyork.usnlx.com>).
- Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: \_\_\_\_\_

12/05/2022

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

Date

George Fakiris

Managing Member

Print Name and Title

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

New York State Department of Labor

Date

Sponsor Name Apollob Group LLC

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

No. of Apprentices 0

Trade(s) Carpenter

Trade Code(s) 12-037