



FEB 22 2021

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: BAE Systems Controls Inc.
B. Trade(s): Industrial Manufacturing technician, Calibration Technician, Machinist
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)\*
D. Name of entity completing this form: BAE Systems Controls Inc.
E. Entity completing this form (check one): [X] Individual Employer/Sponsor [ ] Union [ ] JAC/JATC [ ] Association
F. Mailing address: Street: 1098 Clark St City/Town: Endicott State: NY Zip Code: 13760
G. Email: [redacted] H. Phone: (607) 770-3346 I. Fax: (607) 770-3382
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? 20
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 [X] 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:

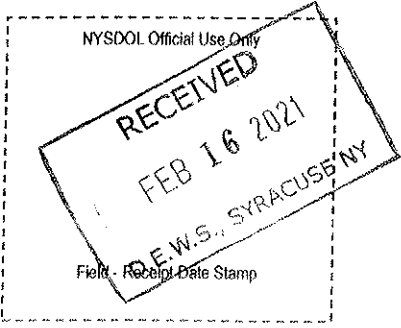
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

Mark Strabo 2/11/21  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Mark Strabo Contract Manager

Sworn to me this: 11 day of February 2021  
[Signature]  
 Signature of Notary Public or Commissioner of Deeds



KRISTINE M. WRIGHT  
 Notary Public, State of New York  
 Residing in Broome County  
 Reg. No. 01WR4952116  
 My Commission Expires June 12, 2021

NYS Department of Labor  
 Apprentice Training  
**FEB 22 2021**  
 Central Office



Apprentice Training Program Registration Agreement

Revision

State Use Only	
AT Sponsor No.	
ATP Code	45-567
Effective Date of AT Program	

NYS Department of Labor  
Apprentice Training

Number of Change: New Program

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Central Office

- 1. Name of Sponsor: BAE Systems
- 2. Mailing Address: 1098 Clark St Endicott NY 13760 Broome  
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: \_\_\_\_\_  
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 607-770-3346 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- 5. E-mail Address: \_\_\_\_\_
- 6. Trade/Occupation: Industrial Manufacturing Technician
- 7. No. Employees: 1500 No. Apprentices: 2 No. Journeyworkers: 40 8. Ratio: 1:1; 1:1
- 9. DOT Code: \_\_\_\_\_ 10. Length of Program: 16 months
- 11. Apprenticeship Probationary Period: 4 months
- 12. Work process: Standard  or Revised
- 13. Minimum Journeyworker Rate: \$ 15.80 per Hour Year
- 14. Effective Date of Wages: 1/1/2019

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>0-180</u>									
	<u>\$14900</u>									
	<u>\$15.50</u>									

- 16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- 17. [Signature] 6/25/19 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date
- Maan Kokash - QCE \_\_\_\_\_  
Print Name and Title Print Name, Title, and Union Name

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



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Apprenticeship Training Program

Central Office

**Related Instruction Availability**

Trade: Industrial Manufacturing Technician  
Sponsor Name: BAE Systems  
Sponsor Representative: Maan Kokash  
Sponsor Address:  
No. & Street: 1098 Clark St City: Endicott  
County: Broome State: NY Zip Code: 13760  
Sponsor Telephone No.: 607-770-3346  
Proposed Number of Apprentices: 1

**AT Office**

Name: NYS Dept of Labor  
No. & Street: 450 S. Salina St Room 203  
City: Syracuse State: NY Zip Code: 13202  
Apprentice Training Representative: [REDACTED] Date Prepared: 6/24/19

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

**School**

Name: Broome Community College  
No. & Street: 907 Front St  
City: Binghamton State: NY Zip Code: 13905

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: 435 Glenwood Road  
City: Binghamton State: NY Zip Code: 13905  
Signature of DLEA [REDACTED] Date Prepared: \_\_\_\_\_



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code \_\_\_\_\_
Trade Code 45567

BAE Systems, located at
(Sponsor)

1098 Clark St, Endicott NY 13760
(Address)

is presently accepting applications for an estimated \_\_\_\_\_ apprentice training positions in
(No. of Openings)

the occupation of Industrial Manufacturing Technician
(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 / GED / TASC

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

Must pass visual exam paid by the sponsor after offer of employment

(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 after offer of employment made

Other:

Must be a US Citizen due to Federal regulations

Other:

Application Forms May be Obtained From: \_\_\_\_\_ Dates: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Address: \_\_\_\_\_ Times: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Instructions:

Apply on-line only at www.baesystems.com

All Applications Must be (please check) [ ] Received [ ] Postmarked no Later Than: \_\_\_\_\_

NYS Department of Labor
Apprentice Training

FEB 22 2021



Sponsor Code \_\_\_\_\_  
 Trade Code(s) 155467,45457,32130

**Selection Standards and Evaluations**

Name of Candidate _____	Trade _____		
Address _____	City _____	State _____	Zip _____

		Maximum Points Allowable	Number of Years Credited	Score	
<b>Only those checked apply.</b>  <b>Educational Achievement</b> <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 checked="" type="checkbox"/> <u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	<b>Total</b>	20			<b>Total</b>
<b>Work Experience</b> <input checked="" type="checkbox"/> <u>5</u> 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 _____	<b>Total</b>	25			<b>Total</b>
<b>Seniority</b> <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	<b>Total</b>				<b>Total</b>
<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 type="checkbox"/> _____ Ability to Communicate <input checked="" type="checkbox"/> <u>2</u> Willingness to Accept Obligation of Apprenticeship <input type="checkbox"/> _____ Ability to Reason and Comprehend <input type="checkbox"/> _____ Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	<b>Total</b>	30			<b>Total</b>

Total Allowable Points      **→**      75      Total Score →

Rank \_\_\_\_\_

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

Sponsor Name BAE Systems

Sponsor Address 1098 Clark St, Endicott NY 13760



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 (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
[X] 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/).
[ ] 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: Maan Kokash 1/7/21
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Maan Kokash - Manufacturing Engineer
Print Name and Title

Approved by: \_\_\_\_\_
NYS Department of Labor Date

Sponsor Name BAE Systems Sponsor Code \_\_\_\_\_ No. of Apprentices \_\_\_\_\_
Trade(s) Machinist, Ind Manufacturing Tech, Calibration Tech Trade Code(s) 32130, 45567, 45457