



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: the Center for Economic Growth
- B. Trade(s): Cloud Engineer (CWE) Network Engineer
- 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: The Center for Economic Growth
- 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: 41 State St, Suite 704  
City/Town: Albany State: NY Zip Code: 12207
- G. Email: [REDACTED] H. Phone: (518) 465-8975 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? ☐ 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? 30
- 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 8/21/2020  
Date

Print name and title: Michael Lobsinger, Sr. Vice President

Sworn to me this: 21 day of Aug 2020 Michelle M. Dragon  
Signature of Notary Public or Commissioner of Deeds

<p>NYSOL Official Use Only</p> <p>MICHELLE M DRAGON 01DR8187871 Notary Public, State of New York Qualified in Albany County My commission expires JUNE 4th, 2023</p> <p>Field - Receipt Date Stamp</p>
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Department  
of Labor

New York State Department of Labor

## Apprentice Training Program Registration Agreement

Revision ☒

Nature of Change: New Program

State Use Only	
AT Sponsor No.	22260
ATP Code	<del>90-574C</del> 90589C
Effective Date of AT Program	

- Name of Sponsor: The Center For Economic Growth
- Mailing Address: 41 State St, Suite 704 Albany NY 12207 Albany  
(number & street) (city) (state) (zip code) (county)
- Actual Address: same  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (518) 465-8975 Ext. 244 Fax No.: (518) 465-6681
- E-mail Address: [REDACTED]
- Trade/Occupation: Network Engineer Cloud Engineer (CWC)
- No. Employees: 15 No. Apprentices: 0 No. Journeyworkers: 8 8. Ratio: 1:1, 1:1
- DOT Code: 033.162-010 10. Length of Program: Competency months
- Apprentice Probationary Period: 3 months 12. Work process: Standard ☒ or Revised ☐
- Minimum Journeyworker Rate: \$ 40.1 per AT-70T 14. Effective Date of Wages: 10/31/20
- 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"/>
per AS 100%									

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

17. [Signature] 11/2/20 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

AMANDA VITULLO, DIR. OF EC. DEV.  
Print Name and Title

\_\_\_\_\_  
Print Name, Title, and Union Name

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

FEB 25 2021

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 22260

ATP Code 90-589C

Name of Apprentice (Last, First, MI)  
Winters, Cortlandt

1. Name of Program Sponsor  
Center for Economic Growth/Wolfjaw Studios

Physical address of Program Sponsor (no. and street)  
500 Federal Street 450

City County State Zip code  
Troy, NY 12180

Mailing address of Program Sponsor (no. and street)  
CEG, 41 State St, Suite 704

City County State Zip code  
Albany Albany NY 12207

2. Trade ☐ Time-based ☒ Competency-based ☐ Hybrid

Cloud Engineer

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rate (Months)

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)

SUNY Schenectady, Arden Labs

RI Compensated ☐ Yes ☒ No 7. Minimum Journey-Worker Rate  
\$20.51

8. Credit for previous training or experience Months Points Sections

☐ Reinstatement ☐ Vocational Education ☐ Transfer ☐ Previous Experience (Employer name)

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one ☐ Months ☐ Hours ☐ Points ☐ Sections

1	2	3	4	5	6	7	8	9	10
0-1000	1001-2000								
\$20	\$20.50								

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Signature of Apprentice and Parent/Guardian (Page 16-17)

Date

Signature of Official Sponsor Representative

Date

Registered by the New York State Department of Labor

Signature New York State Department of Labor

Date

State Use Only

Date Init

To ATC \_\_\_\_\_  
To DLEA \_\_\_\_\_  
Rank Verify \_\_\_\_\_  
Data Entry \_\_\_\_\_

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one ☐ Completed Worksite Training ☐ Terminated for Cause (Explain in Comments) ☐ Quit ☐ Layoff (Date of Work) ☐ Program Termination ☐ Transfer

Completion or Termination Date

Comments

State Use Only

Date Init

To ATC \_\_\_\_\_  
To DLEA \_\_\_\_\_  
Data Entry \_\_\_\_\_

Signature of Official Sponsor Representative

Date

Print Name

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

☐ Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
☐ Apprentice has not satisfied the RI requirements

Signature of DLEA Representative

Date

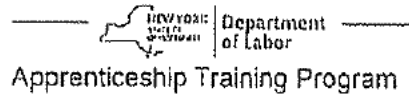
Print Name

State Use Only

Date Init

To ATC \_\_\_\_\_  
To DLEA \_\_\_\_\_  
Data Entry \_\_\_\_\_

# WE ARE YOUR DOL



Sponsor Code 22260

Trade Code 90-5740 905890

## Apprenticeship Training Program

### Related Instruction Availability

Trade: ~~Network Engineer~~ Cloud Engineer  
 Sponsor Name: the Center for Economic Growth  
 Sponsor Representative: Amanda Vitullo  
 Sponsor Address:  
 No. & Street: 41 State St, Suite 704 City: Albany  
 County: Albany State: NY Zip Code: 12207  
 Sponsor Telephone No.: 518-465-8975  
 Proposed Number of Apprentices: 1  
 AT Office  
 Name: \_\_\_\_\_  
 No. & Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Apprentice Training Representative: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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

School  
 Name: SUNY Schenectady  
 No. & Street: 350 5th Ave, Floor 77  
 City: \_\_\_\_\_ State: NY Zip Code: 10118  
 School Representative Contact Information:  
 Name: Sarah Wilson-Sparrow  
 Telephone No.: 518-595-1101 Ext. 7 Email: [REDACTED]

School  
 Name: Arden Labs  
 No. & Street: \_\_\_\_\_  
 City: Miami State: FL Zip Code: \_\_\_\_\_  
 School Representative Contact Information:  
 Name: Bill Kennedy  
 Telephone No.: 888-722-7376 Email: [REDACTED]

DLEA  
 Name: [REDACTED]  
 No. & Street: 3 Washington Center  
 City: Newburgh State: NY Zip Code: 12550  
 Signature of DLEA: [REDACTED] Date Prepared: 11/5/2020



Department  
of Labor

New York State Department of Labor

## Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 22260

Trade Code 90-674C <sup>910509C</sup>

The Center for Economic Growth, located at

(Sponsor)

41 State St, Suite 704, Albany, NY 12207

(Address)

is presently accepting applications for an estimated 1 apprentice training positions in

(No. of Openings)

the occupation of Network Engineer

Cloud Engineer <sup>(dw)</sup>

(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: HS Degree

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

N/A

(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:

Other:

Other:

Application Forms May be Obtained From:

Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

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

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

Special Instructions:

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



Department  
of Labor

New York State Department of Labor

Sponsor Code 22260

Trade Code(s) ~~90-5740~~ 90-5892

## Apprentice Training Program Affirmative Action Plan

☒ New Program  
☐ Amended  
☐ Renewal

To be Administered by: The Center for Economic Growth  
Sponsor's Name

Address:

41 State St, Suite 704

Albany, NY

12207

Zip Code

Plan is Effective From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Date

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

Signature of Sponsor:

11/2/20

Date

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:

Amanda Vitullo

Title:

Director of Economic Development

Do not write below this line.

Approved by:

\_\_\_\_\_  
NYS Department of Labor

\_\_\_\_\_  
Date

Title:

## **Part I – Equal Opportunity Standards**

- A. Provide a brief description of the nature and extent of the Sponsor's business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.

The Center for Economic Growth (CEG) is a nonprofit, regional economic and business development organization. CEG will be operating a group non joint apprenticeship program in Albany, Schenectady, Rensselaer, Columbia, Greene, Washington, Warren, Saratoga, Fulton, Montgomery, Clinton and Essex counties.

### **B. Equal Opportunity Pledge**

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following **Equal Opportunity Pledge**:

The recruitment, selection, employment, and training of apprentices during their 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, and 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.

### **C. Affirmative Action Policy Statement /1**

Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

### **D. Sexual Harassment Policy Statement /1**

Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and/or Sexual Harassment Policy Statement should contact the New York Department of Labor's Division of Equal Opportunity Development.



**Part II – Labor Force Analysis/Utilization Study**

A. The total labor force is 679,005 in the following county(counties):

Albany, Clinton

Montgomery, Rensselaer

Columbia, Essex

Saratoga, Schenectady

Fulton, Greene

Warren, Washington

The labor force includes: /1

**Minorities**

African American 32,675 4.81 %

Hispanic 20,979 3.09 %

Other Minorities /2 24,555 3.62 %

Total Minorities 78,209 11.52 %

Women 329,030 48.46 %

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: 11.52 %

Goal for Women: 6.99 %

/1 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.

/2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

### Part III – Current and Projected Staffing and Annual Goals

Title of Trade Network Engineer *Cloud Engineer*

#### 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 Apprentice Indentures /1

Year	20	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	Totals
New Positions							
Vacancies from Turnover /2							
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: /1

Year	20	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is 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.

/1 Where no apprentice indentures are planned for a particular group or year, enter "0".

/2 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:**

CEG will work with the following groups to attract companies and individuals into the program:

##### **EDUCATION PROVIDERS**

Hudson Valley Community College  
Clinton County Community College  
SUNY Schenectady  
SUNY Adirondack  
Fulton-Montgomery Community College

##### **COMMUNITY GROUPS**

Albany Community Action Partnership  
Schenectady Community Action Partnership  
Trinity Alliance  
The Employment Opportunity Center  
The Greater Capital Region Workforce Investment Boards  
YouthBuild  
Glenmont Job Corps  
Albany Can Code

##### **VETERANS GROUPS**

The Veterans Connect Center

##### **INDUSTRY GROUPS**

The Chief Executives Network  
The Manufacturing Extension Partnerships

**Direct Entry Provider(s):** (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)

YouthBuild  
Glenmont Job Corps

## 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/](http://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 ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)).

☐

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. /1

### 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.

/1 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. /1

☐

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. /2

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.

/1 Sponsors are advised to keep all applications for a **minimum of one year**.

/2 A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.

#### **Part IV – Action Plans and Requirements (continued)**

##### **E. Notification and Appointment of Candidates for Apprenticeship.**

It is agreed that whether selection is made from a certified list established by rank, random selection, list of current employees or union members, or alternative methods, the following notification procedure will prevail:

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure, Part 600.12.
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reasons for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure, Part 600.12.
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail, return receipt requested.
4. After the commencement of the term of an apprenticeship program, the program sponsors may appoint available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of such appointment will be in writing and shall be sent by certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

#### **Part V – Discrimination Complaint Procedure**

It is agreed that complaints will be filed in accordance with Part 600.12, Complaint Procedures, as defined under Equal Employment Opportunity in Apprenticeship Training Regulations.

#### **Part VI – Distribution**

Send the original Affirmative Action Plan to your Apprentice Training Representative.