



NYS Department of Labor
Apprentice Training

NYSDOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

New York State

Registered Apprenticeship Training Program

FEB 22 2021

Sponsor Information Sheet and Instructions

Central Office

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: CRI Electrical Contractors, Inc.
- B. Trade(s): Electrician
- 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: CRI Electrical Contractors, Inc
- 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: PO Box 596
 City/Town: Manlius State: NY Zip Code: 13104
- G. Email: [REDACTED] H. Phone: 315-682-2155 I. Fax: 315-682-7419
- 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? 27
- 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.

Charles Jaworski VP 1-15-21
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Charles Jaworski VP

Sworn to me this: 15th day of January 2021 Linda Jaworski
 Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training
 FEB 22 2021
 Central Office

LINDA M. JAWORSKI
 Notary Public in the State of New York
 Qualified in Onondaga County No. 4770206
 My Commission Expires July 31, 2024

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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: CRI Electrical Contractors, Inc.
2. Mailing Address: P.O. Box 596 Manlius NY 13104 Onondaga
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 8114 US Route 20 Manlius NY 13104 Onondaga
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 315-682-2455 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Electrician
7. No. Employees: 2 No. Apprentices: 1 No. Journeyworkers: 2 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: \$ 22.50 per Hour 14. Effective Date of Wages: 1/14/2021

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 checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" 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"/>
<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
<u>18.00</u>	<u>18.50</u>	<u>19.00</u>	<u>19.50</u>	<u>20.00</u>	<u>20.50</u>	<u>21.00</u>	<u>21.50</u>	<u>22.00</u>	<u>22.50</u>

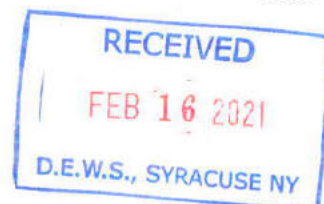
16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. Charles Jaworski 1-22-21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Charles Jaworski, VP _____
 Print Name and Title Print Name, Title, and Union Name

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

FEB 22 2021

Central Office



Please send to your regional DOL office:
 D.E.W.S.
 450 South Salina Street
 Room 203
 Syracuse, NY 13202

FEB 22 2021

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, Middle Initial) <u>Wech Wesley</u>	1. Name of Program Sponsor CRI Electrical Contractors, Inc.			
	Physical address of Program Sponsor (no. and street) 8114 US Route 20			
	City Manlius	County Onondaga	State NY	Zip code 13104
	Mailing address of Program Sponsor (no. and street) P.O. Box 596			
	City Manlius	County Onondaga	State NY	Zip code 13104

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____	3. Start Date <u>1/14/21</u>	4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12 months
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6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BOCES	RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>22.50</u>
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8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____	Months _____	Points _____	Sections _____
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 D.E.W.S. SYRACUSE NY

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
<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
<u>18.00</u>	<u>18.50</u>	<u>19.00</u>	<u>19.50</u>	<u>20.00</u>	<u>20.50</u>	<u>21.00</u>	<u>21.50</u>	<u>22.00</u>	<u>22.50</u>

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

Signature of Apprentice and Parent/Guardian if age 16-17: _____ Date: 1/21/21
 Signature of Official Sponsor Representative: _____ Date: 1/15/21

Registered by the New York State Department of Labor:

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 (Lack 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	_____	_____

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Department
of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 17-072

Central Office

Related Instruction Availability

Trade: Electrician

Sponsor Name: CRI Electrical Contractors, INC.

Sponsor Representative: Charlie Jarowski

Sponsor Address: _____

No. & Street: 8114 US Route 20 City: Manlius

County: Onondaga State: NY Zip Code: 13104

Sponsor Telephone No.: 315-682-2455

Proposed Number of Apprentices: 1

AT Office

Name: DEWS

No. & Street: 450 South Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 2/16/21

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: OCM BOCES

No. & Street: 110 Elwood Davis Rd

City: Liverpool State: NY Zip Code: 13088

School Representative Contact Information:

Name: Mari Ukleya

Telephone No.: 315-453-4455 Email: _____

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: [REDACTED]

No. & Street: 573 East Genesee Street

City: Syracuse State: NY Zip Code: 13202

Signature of DLEA [REDACTED] Date Prepared: 2/21/21

FEB 22 2021



www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____
Trade Code 17-072

CRI Electrical Contractors, Inc., located at _____

(Sponsor)

8114 US Route 20, Manlius, NY 13104

(Address)

is presently accepting applications for an estimated 1 apprentice training positions in
(No. of Openings)

the occupation of Electrician

(Trade)

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

Minimum Qualifications

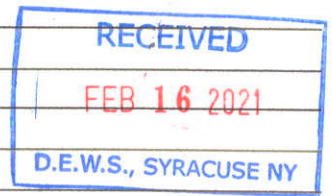
Minimum Age: 18

Minimum Education: No requirements

Physical Condition: Be physically able to perform the work required as determined by:
Must be able to go up and down ladders and carry a maximum of 50 lbs.

(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: From: _____ To: _____

Name: CRI Electrical Contractors, Inc. Days: _____

Address: 8114 Route 20 Times: _____

Manlius, NY 13104

Phone Number: 315-682-2455 Email Address: crielectric@gmail.com

Special Instructions: E-mail or call to get application.

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

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Department of Labor

Sponsor Code _____
Trade Code(s) 17-072

Selection Standards and Evaluations

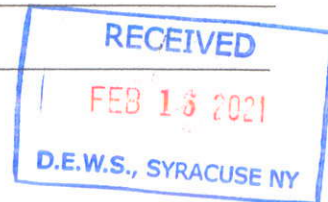
Name of Candidate	Trade Electrician		
Address	City	State	Zip

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

Total Allowable Points → 100 Total Score →

Evaluated by [Signature] Name _____ Date 1-19-21 Rank _____

Sponsor Name CRI Electrical Contractors, Inc.
 Sponsor Address 8114 US Route 20, Manlius, NY 13104



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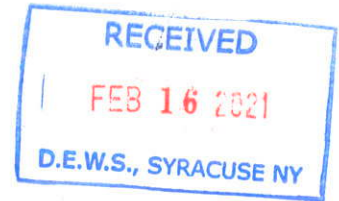
Central Office

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of Labor

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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 (www.newyork.us.jobs/) 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 (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: *Charles Jaworski* _____ Date 1/15/21

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

Charles Jaworski _____ VP
Print Name and Title

Approved by: _____ Date _____

Sponsor Name CRI Electrical Contractors, Inc. Sponsor Code _____ No. of Apprentices 1

Trade(s) Electrician Trade Code(s) 17-072