

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

MAR 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: LoDuca Associates, Inc.
B. Trade(s): Skilled Construction Craft Laborer
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: LoDuca Associates, Inc.
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: 113 Division Ave.
City/Town: Blue Point State: NY Zip Code: 11715
G. Email: [REDACTED] H. Phone: (631) 567-3144 I. Fax: (631) 567-3371
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? 37
O. Within the past five (5) years, have you done business under a different name? [ ] Yes [X] 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 [X] 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 [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 03/15/2021  
Date

Print name and title: Richard LoDuca, President

Sworn to me this: 15<sup>th</sup> day of March, 2021 Laura M. Baumann  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

NYS Department of Labor  
 Apprentice Training

MAR 22 2021

Central Office

LAURA M BAUMANN  
 NOTARY PUBLIC, STATE OF NEW YORK  
 Registration No. 01BA6287632  
 Qualified in Suffolk County  
 Commission Expires August 12, 2021

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Trade

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

- Name of Sponsor: LoDuca Associates, Inc.
- Mailing Address: 113 Division Ave. Blue Point NY 11715 Suffolk  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 113 Division Ave. Blue Point NY 11715 Suffolk  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 631-567-3144 Ext. \_\_\_\_\_ Fax No.: 631-567-3371
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Skilled Construction Craft Laborer
- No. Employees: 18 No. Apprentices: 0 No. Journeyworkers: 1 8. Ratio: 1:1:1:3
- DOT Code: 869.463-580 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 25 per hour 14. Effective Date of Wages: 12/31/2020

15. Apprentice 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 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"/>
60%	65%	70%	75%						

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

17. [Signature] 03/15/2021 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Richard LoDuca, President  
Print Name and Title Print Name, Title, and Union Name

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

NYS Department of Labor  
Apprentice Training

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Sponsor Code 01678  
Trade Code 18-514

**Related Instruction Availability**

Trade: Skilled Construction Craft Laborer  
Sponsor Name: LoDuca Associates, Inc.  
Sponsor Representative: Richard LoDuca  
Sponsor Address:  
No. & Street: 113 Division Ave. City: Blue Point  
County: Suffolk State: NY Zip Code: 11715  
Sponsor Telephone No.: 631-567-3144  
Proposed Number of Apprentices: 0

**AT Office**

Name: NYS Department of Labor Apprenticeship Training Unit  
No. & Street: 303 W. Old Country Rd., 2nd Floor  
City: Hicksville State: NY Zip Code: 11801  
Apprentice Training Representative: [REDACTED] Date Prepared: \_\_\_\_\_

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

**School**

Name: CTC NYS  
No. & Street: 1 Conac Loop, Unit 4  
City: Ronkonkoma State: NY Zip Code: 11779  
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: \_\_\_\_\_  
No. & Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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Department  
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[www.labor.ny.gov](http://www.labor.ny.gov)

**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor Code 01678

Trade Code 18-514

LoDuca Associates, Inc. located at \_\_\_\_\_  
(Sponsor)

113 Division Ave., Blue Point, NY 11715  
(Address)

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

the occupation of Skilled Construction Craft Laborer  
(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 years old

Minimum Education: High School Diploma or GED or TASC at time of selection

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

The applicant must be physically capable of performing the required: such as being able to work 8 continuous hours on your feet, work through extended periods of extreme weather condition and temps. Must be able to lift and carry approx. 94 lbs. for 25' and restack to a height of approx. 54". Must be able to load with a shovel, approx. 1/2 cubic yards of material into a wheel barrel, wheel it 30' and deposit it into a container, must be able to work at heights of 10' or greater and safely climb ladders of various heights. Must be able to read and write english.

(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: Applicant must have reliable transportation. After offer of employment and prior to indenture you must agree to drug testing as a condition of continued employment, submit to random drug testing, all paid for by the sponsor.

Other: Applicant must be willing to travel within the NYS geographic region (Metro NY, Eastern NY, Central NY, Western NY) for the purpose of successfully completing on the job training through employment assignments

Other: Applicant must be able to work in restrictive or confined spaces

Application Forms may be obtained from: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: LoDuca Associates, Inc. Days: Monday through Friday

Address: 113 Division Ave. Times: 9 am to 4 pm

Blue Point, NY 11715

Phone Number: (631) 567-3144 Email Address: \_\_\_\_\_

Special Instructions: All applications must be completed in person at the above location. Proof of age, US citizenship or Federal work permit must be presented.

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

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Department  
of Labor

Sponsor Code 01678

Trade Code(s) 18-514

## Selection Standards and Evaluations

Name of Candidate	Trade Skilled Construction Craft Laborer		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
<b>Educational Achievement</b> <input checked="" type="checkbox"/> <u>4</u> Points for Each Year of Education Past Grade <u>12</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 _____	<b>Total</b>	48			<b>Total</b>
		8			
		20			
		20			
<b>Work Experience</b> <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>4</u> 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>	41			<b>Total</b>
		25			
		16			
<b>Seniority</b> <input checked="" type="checkbox"/> <u>3</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	<b>Total</b>	9			<b>Total</b>
		9			
<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 checked="" type="checkbox"/> <u>0-10</u> Ability to Communicate <input checked="" type="checkbox"/> <u>0-10</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>0-10</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>0-10</u> Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>Total</b>	40			<b>Total</b>
		10			
		10			
		10			
		10			

Total Allowable Points



138

Total Score →

Rank \_\_\_\_\_

Evaluated by Richard LoDuca Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Name LoDuca Associates, Inc.

Sponsor Address 113 Division Ave., Blue Point, NY 11715

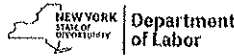
NYS Department of Labor  
Apprentice Training

AT 508 (1.1/20)

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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, 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/](http://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/](http://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: \_\_\_\_\_

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

3/15/2021  
Date

Richard LoDuca

President

Print Name and Title

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

New York State Department of Labor

Date

Sponsor Name LoDuca Associates, Inc.

Sponsor Code 01678

No. of Apprentices 0

Trade(s) Skilled Construction Craft Laborer

Trade Code(s) 18-514

AT 602 (11/20)

NYS Department of Labor  
Apprentice Training

MAR 22 2021

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