



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 Arc Ontario

B. Trade(s): Direct Support Professional, Direct Support Professional Supervisor

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: NYSARC, Inc., Ontario County Chapter

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: 3071 County Complex Drive

City/Town: Canandaigua State: NY Zip Code: 14424

G. Email: [Redacted] H. Phone: (585) 919-2114 I. Fax: (585) 394-1987

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? 70

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.

Jennie J. Clary 08/01/2024
Signature of CEO, Chair or representative granted legal authority to bind the Entity Date

Print name and title: Human Resources Director

Sworn to me this: 1st day of August 2024 Sally R Felix
Signature of Notary Public or Commissioner of Deeds

NYSDOL Official Use Only

 Field - Receipt Date Stamp

SALLY R FELIX
 Notary Public, State of New York
 Qualified in Ontario County
 No. 01FE6395281
 Commission Expires July 22, 2027

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code 89-592
Effective Date of AT Program

1. Name of Sponsor: The Arc Ontario
2. Mailing Address: 3071 County Complex Dr Canandaigua NY 14424 Ontario
(number & street) (city) (state) (zip code) (county)
3. Actual Address: same
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: (585) 394-7500 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Direct Support Professional Supervisor
7. No. Employees: 400 No. Apprentices: 2 No. Journeyworkers: 5 8. Ratio: 1:1;1:1
9. DOT Code: O*NET 21-1093.00 10. Length of Program: 12 months
11. Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 19.50 per hour 14. Effective Date of Wages: 07/29/2024

15. Apprentice wage progression for each period – in months (M) or hours (H)

	1	2	3	4	5	6	7	8	9	10
Months (check):	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"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	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"/>
No. of Months/Hours:	6	6								
Wage rate: or, percentage of the journeyworker rate:	18.50	19.17								

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

17. Jenine J. Cleary 08/01/2024 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Jenine J. Cleary, HR Director _____
Print Name and Title Print Name, Title, and Union Name

19. _____ Date
Signature New York State Department of Labor

WE ARE YOUR DOL



Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-592

Related Instruction Availability

Trade: Direct Support Professional Supervisor

Sponsor Name: The Arc Ontario

Sponsor Representative: Jenine Cleary - HR Director

Sponsor Address:

No. & Street: 3071 County Complex Dr. City: Canandaigua

County: Ontario State: NY Zip Code: 14424

Sponsor Telephone No.: 585-394-7500

Proposed Number of Apprentices: 4

AT Office

Name: Western - Rochester

No. & Street: 276 Waring Rd.

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: Robert Coe Date Prepared: 7/30/24

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

School

Name: Finger Lakes Community College

No. & Street: 3325 Martin Sands Dr.

City: Canandaigua State: NY Zip Code: 14424

School Representative Contact Information:

Name: Todd Sloane

Telephone No.: 585-785-1836 Email: 

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

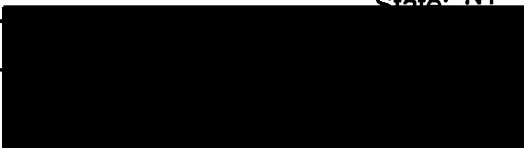
Telephone No.: _____ Email: _____

DLEA

Name: Michele Sullivan - Deputy Superintendent Wayne-Finger Lakes BOCES

No. & Street: 131 Drumlin Ct.

City: Newark State: NY Zip Code: 14513

Signature of DLEA  Date Prepared: 7/30/24

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

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 (<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: _____

Jenine J. Cleary

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

05/13/2024

Date

Jenine J. Cleary

Print Name and Title

HR Director

Approved by: _____

New York State Department of Labor

Date

Sponsor Name The Arc Ontario

Sponsor Code _____

No. of Apprentices _____

Trade(s) Direct Support Professional ; DSP supervisor

Trade Code(s)

89-547 ; 89-592

AT 602R(2/21)06

Apprenticeship Unit

MAY 13 2024

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Direct Support Professional; DSP Supervisor

Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <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 <input checked="" type="checkbox"/> <u>3</u> Points for Each Year of Related Technical Education Past Grade <u>9</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other: _____	Total	21			Total
		8			
		9			
		4			
Work Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of General Work Experience <input checked="" type="checkbox"/> <u>1</u> Other: <u>unpaid provision of personal care</u>	Total	20			Total
		10			
		4			
		4			
		2			
Seniority <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Employment with The Sponsoring Firm <input type="checkbox"/> _____ Other: _____	Total	6			Total
		6			
Job Aptitude <input type="checkbox"/> _____ Name of Aptitude Test: _____ Administered by _____ <input type="checkbox"/> _____ Other: _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> <u>1</u> Ability to Communicate <input checked="" type="checkbox"/> <u>1</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>1</u> Interest and Motivation <input type="checkbox"/> _____ Other: _____ <input type="checkbox"/> _____ Other: _____	Total	20			Total
		5			
		5			
		5			
		5			

Total Allowable Points →

67	Total Score →	
----	---------------	--

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: The Arc Ontario

Sponsor Address: 3071 County Complex Dr. Canandaigua, NY 14424



www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Arc Ontario

Located at: (Address) 3071 County Complex Dr. Canandaigua, NY 14424

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

In the occupation of: (List Trade) Direct Support Professional

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 Equivalent (such as TASC or GED)

Minimum Age: 18 Minimum Education: _____

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

Must be able to perform the duties of a Direct Support Professional per signed affidavit. Must be able to lift up to 50 lbs. May be subject to PPD testing before enrollment in the program.

(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 be willing and able to work at any Arc Ontario location and any shift. Arc Ontario facilities operate 24 hours/day, 7 days/week, 365 days/year. Must complete CPR/First Aid training within 3 months of enrollment in program. Must obtain Approved Medication Assistive Personnel (AMAP) certification within 3 months of enrollment in the program.

Other: Must be able to write, read, hear and understand verbal and written instructions/warnings given in English. Must pass background check at the expense of the sponsor after selection and before enrollment in the program. Must be willing and able to attend minimum of 144 hours of Related Instruction per year of program.

Other: Must possess a valid driver's license in order to operate company vehicles. Sponsor requires DOT abstract for all employees that may operate company vehicles. Must have reliable transportation to and from various job sites and classes at the approved school.

Application forms may be obtained: From: _____ To: _____

Name: _____

Address: _____

Days: _____ Times: _____

Phone: _____ Email: _____

Special Instructions:

Applications can be submitted online at www.tharontario.org/careers

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