



NYSDOL Use Only: Sponsor No. _____
New Program Recertification

New York State Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

Department of Labor Apprenticeship Training

OCT 31 2023

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 the form.

Section I

- A. Sponsor name: Buffalo City School District
B. Trade(s): Teacher Competency
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: Buffalo City School District
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: 65 Niagara Square
City/Town: Buffalo State: NY Zip Code: 14202
G. Email: Phone: (716) 816-3753 Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
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? 100+
O. Within the past five (5) years, have you done business under a different name? Yes 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 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 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.

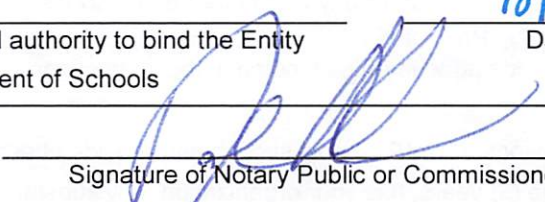
I certify:

- 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.

Dr. Tonja M. Williams 10/2/23
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Dr. Tonja M. Williams, Superintendent of Schools

Sworn to me this: 22 day of October, 2023 
Signature of Notary Public or Commissioner of Deeds

NYSDOL Official Use Only

 Field - Receipt Date Stamp

NATHANIEL JAMES KUZMA
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
 Reg. No. 02KU6335269
 MY COMMISSION EXPIRES 01-25-2024

WE ARE YOUR DOL



Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

State Use Only
AT Sponsor No.
ATP Code 89596C
Effective Date of AT Program

1. Name of Sponsor: Buffalo City School District
2. Mailing Address: 65 Niagara Sq. Buffalo NY 14202 Erie
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 65 Niagara Sq. Buffalo NY 14202 Erie
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 716-816-3500 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Teacher ~~Competency~~
7. No. Employees: 7,000 No. Apprentices: 0 No. Journeyworkers: 4,000 8. Ratio: 1:1:1:1
9. DOT Code: _____ 10. Length of Program: 12 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 45,256 per yr
30.17 per hr. 14. Effective Date of Wages: 9/1/2016
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 checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>
0-6	7-12								
17.24	17.52								

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
17. Dr. Tonja M. Williams 10/17/23 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Dr. Tonja M. Williams, Superintendent of Schools
Print Name and Title Print Name, Title, and Union Name

19. _____ Date
Signature New York State Department of Labor

NYS Department of Labor
Apprentice Training

OCT 31 2023

Central Office

WE ARE YOUR DOL



Sponsor Code _____

Trade Code 89586C

Related Instruction Availability

Trade: TEACHER COMPETENCY

Sponsor Name: Buffalo City School District

Sponsor Representative: Elizabeth Camplon

Sponsor Address: _____

No. & Street: 65 Niagara Square City: Buffalo

County: Erie State: New York Zip Code: 14202

Sponsor Telephone No.: 716-816-3763

Proposed Number of Apprentices: 10

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: _____

① Name: Canisius University

No. & Street: 2001 Main St.

City: Buffalo State: New York Zip Code: 14208

School Representative Contact Information:

Name: Lorrel DiCamillo

Telephone No.: (716) 888-2625 Email: [REDACTED]

School Name: _____

② Name: Buffalo City School District

No. & Street: 65 Niagara Square

City: Buffalo State: New York Zip Code: 14202

School Representative Contact Information:

Name: Elizabeth Camplon

Telephone No.: 716-816-3753 Email: [REDACTED]

DLEA Name: _____

Name: CHRISTIE DAVIS - FULTON-MONTGOMERY COMMUNITY COLLEGE

No. & Street: 2805 State Highway 67

City: Johnstown State: NY Zip Code: 12095

Signature of DLEA [REDACTED] Date Prepared: _____

Department of
Apprentice Training

OCT 31 2023

Central Office

WE ARE YOUR DOL



Sponsor Code _____
Trade Code 89596C

Apprenticeship Training Program

Related Instruction Availability

Trade: TEACHER COMPETENCY
Sponsor Name: Buffalo City School District
Sponsor Representative: Elizabeth Camplon
Sponsor Address:
No. & Street: 65 Niagara Square City: Buffalo
County: Erie State: New York Zip Code: 14202
Sponsor Telephone No.: 716-816-3753
Proposed Number of Apprentices: 10
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

③ Name: State University of New York at Buffalo
No. & Street: 12 Capen Hall
City: Buffalo State: New York Zip Code: 14260
School Representative Contact Information:
Name: Dr. Amanda Winklesas
Telephone No.: 716-645-2000 Email: [REDACTED]

School

Name: Buffalo City School District
No. & Street: 65 Niagara Square
City: Buffalo State: New York Zip Code: 14202
School Representative Contact Information:
Name: Elizabeth Camplon
Telephone No.: 716-816-3753 Email: [REDACTED]

DLEA

Name: CHRISTIE DAVIS - FULTON MONTGOMERY COMMUNITY COLLEGE
No. & Street: 2805 State Highway 167
City: Johnstown State: Ny Zip Code: 12095
Signature of DLEA: [REDACTED] Date Prepared: 10/10/23

WE ARE YOUR DOL



Sponsor Code _____
Trade Code 89596C

Apprenticeship Training Program

Related Instruction Availability

Trade: TEACHER COMPETENCY

Sponsor Name: Buffalo City School District

Sponsor Representative: Elizabeth Camplon

Sponsor Address:
 No. & Street: 65 Niagara Square City: Buffalo
 County: Erie State: New York Zip Code: 14202

Sponsor Telephone No.: 716-816-3753

Proposed Number of Apprentices: 10

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 Buffalo State
 No. & Street: 1300 Elmwood Avenue
 City: Buffalo State: New York Zip Code: 14222

School Representative Contact Information:
 Name: Rosemary Arioli
 Telephone No.: Office Phone: (716) 878-3618 Email: _____

School
 Name: Buffalo City School District
 No. & Street: 65 Niagara Square
 City: Buffalo State: New York Zip Code: 14202

School Representative Contact Information:
 Name: Elizabeth Camplon
 Telephone No.: 716-816-3753 Email: _____

DLEA
 Name: CHRISTIE DAVIS - FULTON MONTGOMERY COMMUNITY COLLEGE
 No. & Street: 2805 State Highway 107
 City: Johnstown State: NY Zip Code: 12095
 Signature of DLEA: _____ Date Prepared: 10/10/23

AT 8 (4/19)

Department of
Apprentice Training.
OCT 31 2023
Central Office

WE ARE YOUR DOL



Sponsor Code _____
Trade Code 89596C

Related Instruction Availability

Trade: TEACHER COMPETENCY
Sponsor Name: Buffalo City School District
Sponsor Representative: Elizabeth Camplon
Sponsor Address:
No. & Street: 65 Niagara Square City: Buffalo
County: Erie State: New York Zip Code: 14202
Sponsor Telephone No.: 716-816-3753
Proposed Number of Apprentices: 10
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

⑤ Name: Niagara University
No. & Street: 5795 Lewiston Rd.
City: Niagara University State: New York Zip Code: 14109
School Representative Contact Information:
Name: Tracia McKlassic
Telephone No.: (716) 286-8739 Email: [REDACTED]

School

Name: Buffalo City School District
No. & Street: 65 Niagara Square
City: Buffalo State: New York Zip Code: 14202
School Representative Contact Information:
Name: Elizabeth Camplon
Telephone No.: 716-846-3753 Email: [REDACTED]

DLEA

Name: CHRISTIE DAVIS - FULTON MONTGOMERY COMMUNITY COLLEGE
No. & Street: 2805 STATE HIGHWAY 107
City: Johnstown State: NY Zip Code: 12095
Signature of DLEA: [REDACTED] Date Prepared: 10/10/23

AT 8 (4/19)

Department of
Apprentice Training

OCT 31 2023

Central Office



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Buffalo City School District

Located at: (Address) 65 Niagara Square, Buffalo, NY 14202

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

In the occupation of: (List Trade) TEACHER ~~COMPETENCY~~

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

Minimum Qualifications

Must have a Bachelor's degree from an approved institution and accepted into an accredited graduate level teacher program that is an approved BPS partner.

Minimum Age: 18 Minimum Education: _____

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: Must go through the fingerprinting clearance as required by NYSED after selection and prior to enrollment in apprenticeship, at the expense of the sponsor.

Other: Must have reliable transportation to and from the work site and related instruction.

Department of Labor
Apprentice Training

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

Name: Buffalo City School District Apprenticeship Program

Central Office

Address: 65 Niagara Square, Buffalo, New York, 14202

Days: see special instructions Times: N/A

Phone: (716) 816-3500 Email: _____

Special Instructions:

<http://buffaloschools.applicantstack.com/x/openings>

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Teacher Competency

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

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply. Educational Achievement <input checked="" type="checkbox"/> <u>3</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>2</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> _____ Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other: _____	Total	20			Total
		10			
		10			
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	40			Total
		20			
		10			
		10			
Seniority <input type="checkbox"/> _____ Points for Each Year of Employment with The Sponsoring Firm <input type="checkbox"/> _____ Other: _____	Total				Total
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>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: _____	Total	40			Total
		10			
		10			
		10			
		10			

Total Allowable Points →

100	Total Score →	
-----	----------------------	--

Rank _____

Evaluated by: _____ (Name)

Date: _____ **NYS Department of Labor
Apprentice Training**

Sponsor Name: Buffalo City School District

OCT 31 2023

Sponsor Address: 65 Niagara Square, Buffalo, New York 14202

Central Office

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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: Dr. Tonja M. Williams 10/17/23
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Dr. Tonja M. Williams Superintendent of Schools
Print Name and Title

Approved by: _____
New York State Department of Labor Date

Sponsor Name Buffalo Public Schools Sponsor Code _____ No. of Apprentices _____

Trade(s) Teacher Competency Trade Code(s) 89596C

AT 602 (12/21)

New York State Department of Labor
Apprentice Training

OCT 31 2023

Central Office