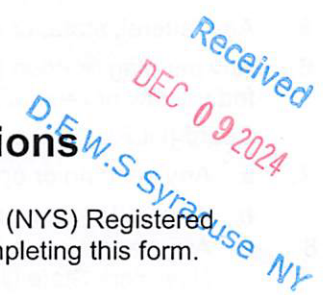




NYSDOL Use Only: Sponsor No. _____
[] New Program [] Reactivation [] Revision [] Recertification

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: Camden Group Infrastructure Rehabilitation Services, LLC
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: Camden Group Infrastructure Rehabilitation Services, LLC
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: 9008 State Route 13
City/Town: Camden State: NY Zip Code: 13316
G. Email: [redacted] H. Phone: (315) 245-4444 J. Fax: (888) 907-3020
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):
[] Corporation [] Partnership [] Sole-Proprietor [x] LLC [] LLP [] Other
N. How many years has your organization been in business? 11
O. Within the past five (5) years, have you done business under a different name? [x] 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 [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

11/21/24

Date

Print name and title: Kenneth Scherrieble, President

Sworn to me this: 21 day of November 2024

Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
Received
DEC 09 2024
D.E.W.S Syracuse NY
 Field - Receipt Date Stamp

BRANDY D WHEELER
 NOTARY PUBLIC STATE OF NEW YORK
 OSWEGO COUNTY
 LIC. #01WH6203666
 COMM. EXP. 04/13/2025

NYS Department of Labor
Apprentice Training
DEC 16 2024
Central Office

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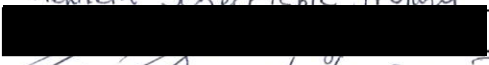
Received

OCT 16 2024


D.E.W.S Syracuse NY

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application
Add additional signatory
Kenneth Scherrieble President

10/16/2024 President

State Use Only	
AT Sponsor No.	
ATP Code	18-514
Effective Date of AT Program	

- Name of Sponsor: Camden Group Infrastructure Rehabilitation Services, LLC
- Mailing Address: 9008 State Route 13 Camden NY 13316 Oneida
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 245-4444 Ext. _____ Fax No.: (888) 907-3020
- E-mail Address: 
- Trade/Occupation: Skilled Construction Craft Laborer
- No. Employees: 20 No. Apprentices: 1 No. Journeyworkers: 4 8. Ratio: 1:1:1:3
- DOT Code: 869.463-580 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$25.00 per hour 14. Effective Date of Wages: 10/16/24
- 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 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"/>
Hours (check):	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <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"/>
No. of Months/Hours:	1,000	1,000	1,000	1,000						
Wage rate: or, percentage of the journeyworker rate:	\$15.00	\$15.50	\$16.00	\$16.50						

17.00 17.50

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

17. Jennifer Nilsson 10/16/24
 Signature of Official Sponsor Representative Date
 Jennifer Nilsson, Administrator
 Print Name and Title

18. _____
 Signature of Union Representative Date

 Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date



NYS Department of Labor
Apprentice Training

Apprenticeship Agreement

DEC 16 2024

Sponsor No. _____ ATP Code 18-514

I. Apprenticeship Agreement

1. Name of Program Sponsor
Camden Group Infrastructure Rehabilitation Service

Physical address of Program Sponsor (no. and street)
9008 State Route 13

City County State Zip code
Camden Oneida NY 13316

Mailing address of Program Sponsor (no. and street)
Same as above

City County State Zip code

2. Trade: Time-based Competency-based Hybrid
Skilled Construction Craft Laborer

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? Yes No
If "Yes," Trade State

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
24 6

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
Construction Training Centers of NYS, E. Syracuse NY

RI Compensated
 Yes No

7. Minimum Journey-Worker Rate
\$25.00

8. Credit for previous training or experience: 1000 Months 6 Points Sections
 Reinstatement Vocational Education Transfer Previous Experience (Employer name): Camden Group

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
1,000	1,000	1,000	1,000						
\$16.00	\$16.50	\$17.00	\$17.50						

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

Guardian if age 16-17 _____ Date 10/17/2024

Signature of Official Sponsor Representative _____ Date 10/19/24

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 _____

Signature of Official Sponsor Representative _____ Date _____ Print Name _____

State Use Only

Date	Init.
To ATC _____	_____
To DLEA _____	_____
Data Entry _____	_____

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 18-514

NYS Department of Labor
Apprentice Training

DEC 16 2024

D.E.W.S Syracuse NY

Related Instruction Availability

Trade: Skilled Construction Craft Laborer

Sponsor Name: Camden Group Infrastructure Rehabilitation Services, LLC Central Office

Sponsor Representative: Jennifer Nilsson

Sponsor Address:

No. & Street: 9008 State Route 13 City: Camden

County: Oneida State: NY Zip Code: 13316

Sponsor Telephone No.: (315) 245-4444

Proposed Number of Apprentices: _____

AT Office

Name: Central Region

No. & Street: 450 South Salina Street Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: Kerry Highers Date Prepared: 9/4/24

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

School

Name: Construction Training Centers of NYS

No. & Street: 6369 Collamer Drive

City: East Syracuse State: NY Zip Code: 13057

School Representative Contact Information:

Name: Jeff Albert

Telephone No.: (315) 463-7539 Email:

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA Date Prepared: 10/24/24

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www.labor.ny.gov

Sponsor Code: _____

Trade Code: 18-514

D.E.W.S Syracuse NY

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Camden Group Infrastructure Rehabilitation Services, LLC

Located at: (Address) 9008 State Route 13 Camden, NY 13316

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 2

In the occupation of: (List Trade) Skilled Construction Craft Laborer

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 (TASC/GED)

Minimum Age: 18 Minimum Education: _____

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

Applicants written statement

(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: Physical demands include walking, climbing, stooping, twisting, reaching, bending, lifting a minimum of 50 lbs., sitting, standing, carrying, pushing, pulling.

Other: Valid drivers license to operate company vehicles.

Other: Transportation to and from job site and related instruction class.

NYS Department of Labor
Apprentice Training

DEC 16 2024


Central Office

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

Name: Camden Group Infrastructure Rehabilitation Services, LLC

Address: 9008 State Route 13 Camden, NY 13316

Days: _____ Times: _____

Phone: (315) 245-4444 Email: 

Special Instructions:

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

Received

OCT 16 2024

D.E.W.S Syracuse NY

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Department of Labor

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Sponsor Code _____

Trade Code(s) 18-514

NYS Department of Labor
Apprentice Training _____

DEC 16 2024

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
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	20		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	4		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	8		
<input checked="" type="checkbox"/>	<u>2</u> Other: _____	6		
		2		
Work Experience				
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	30		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Active Military Experience	20		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	6		
<input type="checkbox"/>	Other: _____	4		
Seniority				
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/>	Other: _____	10		
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	<u>1-10</u> Ability to Communicate	40		
<input checked="" type="checkbox"/>	<u>1-10</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>1-10</u> Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	<u>1-10</u> Interest and Motivation	10		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

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

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Camden Group Infrastructure Rehabilitation Services, LLC

Sponsor Address: 9008 State Route 13 Camden, NY 13316

NYS Department of Labor
Apprentice Training
DEC 16 2024
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Non-Discrimination Plan (Short Form)

D.E.W.S Syracuse NY

- 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.

E. **Outreach and Positive Recruitment Plan (if applicable):** 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:

We seldomly participate in education and labor events

NYS Department of Labor
Apprentice Training

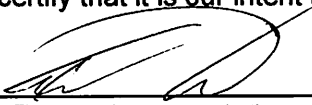
DEC 16 2024

Central Office

Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

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, the Chair of the Joint Apprenticeship Committee or their authorized representative.

10/16/2024

Date

Name: Kenneth Scherrieble

Title: President

Approved by: _____

New York State Department of Labor

Date

Sponsor Name: Camden Group Infrastructure Rehabilitation Services, LLC

Sponsor Code: _____

Number of Apprentices: 1

Trade(s): Skilled Construction Craft Laborer

Trade Code(s): 18-514