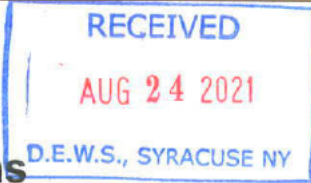




NYSDOL Use Only: Sponsor No. _____
[] New Program [] Reactivation [] Revision [] Recertification



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

AUG 30 2021

- A. Sponsor name: Canastota NC
B. Trade(s): Machinist (CNC)
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: Robert Webb
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: 121 West Center Street
City/Town: Canastota State: N Y Zip Code: 13032
G. Email: [REDACTED] H. Phone: 315-697-3200 I. Fax:
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? 49 3/4
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: Daniel P. Cooper Date: 8/18/21

Print name and title: Daniel P. Cooper

Sworn to me this: 18th day of August, 2021
 Signature of Notary Public or Commissioner of Deeds: Angela T. Wingarter

NYS DOL Official Use Only

ANGELA T. WINGARTER
 Notary Public in the State of New York
 Qual. in Madison Co. No. 01W16200817
 My Commission Expires 2/09/2025

Field - Receipt Date Stamp

RECEIVED
 AUG 24 2021
 D.E.W.S., SYRACUSE NY

NYS Department of Labor
 Apprentice Training
 AUG 30 2021
 Central Office



Apprentice Training Program Registration Agreement

Revision

New Program

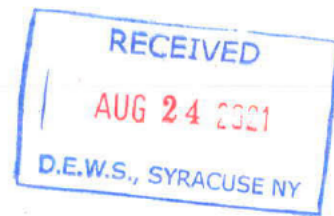
Nature of Change: _____

State Use Only
AT Sponsor No.
ATP Code 32-130A
Effective Date of AT Program

- Name of Sponsor: Canastota NC
- Mailing Address: 211 W. Center st Canastota NY 13032 Madison
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-697-3200 Ext. _____ Fax No.: _____
- E-mail Address: _____
- Trade/Occupation: Machinist (CNC)
- No. Employees: 20 No. Apprentices: 1 No. Journeyworkers: 3 8. Ratio: 1:1,
- DOT Code: 600.280-022 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: 20.00 per Hrc 14. Effective Date of Wages: 5/26/21

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 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"/>
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"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>
1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
16.50	17.00	17.50	18.00	18.50	19.00	19.50	20.00		



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

17. [Signature] 8/16/21 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

ROBERT WINGS GM _____
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

AUG 30 2021

Central Office

RECEIVED
 AUG 24 2021

Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office Sponsor No. _____ ATP Code 32-130A

Name of Apprentice (Last, First, M.I.) FILSINGER, DANIEL

1. Name of Program Sponsor Canastota NC

Physical address of Program Sponsor (no. and street) 121 West Center Street

City Canastota County Madison State NY Zip code 13032

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

City _____ County _____ State _____ Zip code _____

2. Trade: Time-based Competency-based Hybrid
Machinist (CNC)

3. Start Date _____ 4. Length of program (Months) 48 5. DOL Apprentice Probation Period for Completion Rates (Months) 12 months

6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Mohawk Valley Community College

RI Compensated Yes No

7. Minimum Journey-Worker Rate \$ 20.00

8. Credit for previous training or experience: _____ Months _____ Points _____ Sections

Reinstatement Vocational Education Transfer Previous Experience (Employer name): _____

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>1,000</u>	<u>2,000</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>6,000</u>	<u>7,000</u>	<u>8,000</u>		
<u>16.75</u>	<u>17.00</u>	<u>17.50</u>	<u>18.00</u>	<u>18.50</u>	<u>19</u>	<u>19.50</u>	<u>20.00</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 08/17/2021

Signature of Official Sponsor Representative _____ Date _____

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____ Date 8/17/2021

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.

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	_____	_____

WE ARE YOUR DOL



Sponsor Code _____
Trade Code 32-130A

Related Instruction Availability

NYS Department of Labor
Apprentice Training

Trade: Machinist (CNC)
Sponsor Name: Canastota NC
Sponsor Representative: Robert Weiss
Sponsor Address:
No. & Street: 121 W. Center St City: Canastota
County: Madison State: NY Zip Code: 13032
Sponsor Telephone No.: 315-697-3200
Proposed Number of Apprentices: 1

AUG 30 2021
Central Office

AT Office

Name: NYS Department of Labor - Apprenticeship Training
No. & Street: 450 S. Salina St Room 203
City: Syracuse State: NY Zip Code: 13202
Apprentice Training Representative: [REDACTED] Date Prepared: _____

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

School

Name: MVCC
No. & Street: 1101 Sherman Dr
City: Utica State: NY Zip Code: 13501

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: [REDACTED]
No. & Street: 4937 Spring Road
City: Verona State: NY Zip Code: 13478
Signature of DLEA [REDACTED] Date Prepared: 8/25/21



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Canastota NC

Located at: (Address) 121 West Center St, Canastota NY 13032

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Machinist CNC

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: High School Diploma/GED/TASC

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

Verbally attested

(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 able to stand for 8 hours a day and lift 25 pounds

Other: Pre-employment drug screening paid for by the sponsor after the offer of employment is made.

Other:

NYS Department of Labor
Apprentice Training


AUG 30 2021

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

Name: Canastota CNC

Address: 121 West Center St, Canastota NY13032

Days: Monday to Friday Times: 7:00am - 3:30pm

Phone: (315) 697-3200 Email: 

Special Instructions:

Apply on-line at www.cnccorp.org

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

WE ARE YOUR DOL



Department
of Labor

Sponsor Code _____
Trade Code(s) 32-130A

Selection Standards and Evaluations

Name of Candidate	Trade Machinist CNC		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> 1-5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 1-5 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"/> 1-5 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	15		Total	Total
		5			
		5			
		5			
		5			
		5			
Work Experience <input checked="" type="checkbox"/> 1-5 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 1-5 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 1-5 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	15		Total	Total
		5			
		5			
		5			
		5			
		5			
Seniority <input checked="" type="checkbox"/> 10 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	20		Total	Total
		20			
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	Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 1-5 Ability to Communicate <input checked="" type="checkbox"/> 1-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1-5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	20		Total	Total
		5			
		5			
		5			
		5			
		5			

Total Allowable Points



70	Total Score →	
----	---------------	--

Rank _____

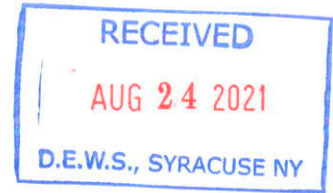
Evaluated by _____ Name _____ Date _____

Sponsor Name _____

Sponsor Address _____

NYS Department of Labor
Apprentice Training

AUG 30 2021



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.

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 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/) 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: [Signature] Date: 8/16/2021

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

ROBERT A WEBB

Print Name and Title

Approved by: _____ NYS Department of Labor Date

Sponsor Name Canastota NC Sponsor Code _____ No. of Apprentices 1
Trade(s) Machinist (CNC) Trade Code(s) 32-130A

NYS Department of Labor Apprentice Training