



Received

New York State Registered Apprenticeship Training Program

JAN 08 2024

Sponsor Information Sheet and Instructions

D.E.W.S Syracuse NY

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: Canton Potsdam Hospital
B. Trade(s): Heating, Ventilation & Air Conditioning Mechanic
C. Type of Apprenticeship Training Program (check one):
1. Individual Non-Joint
2. Individual Joint
3. Group Non-Joint\*
4. Group Joint (JAC/JATC)\*
D. Name of entity completing this form: Canton-Potsdam Hospital
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: 50 Leroy Street
City/Town: Potsdam State: NY Zip Code: 13676
G. Email
H. Phone: 315-261-5313 I. 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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date 12/18/23  
 Print name and title: Donna M. McGregor, President  
 Sworn to me this: 18<sup>th</sup> day of December, 2023 \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds



Amy L. Irish-Bicknell  
 Notary Public in the State of New York  
 St. Lawrence Co. No. 01HR6159456  
 My Commission Expires Jan. 22, 2027

Received  
 JAN 08 2024

D.E.W.S Syracuse NY  
 NYS Department of Labor  
 Apprenticeship Training  
 2 of 4  
 JAN 25 2024

Apprentice Training Program Registration Agreement

Revision [ ]

Nature of Change: Reactivation of voluntary closed program

State Use Only
AT Sponsor No. 52196
ATP Code 56458
Effective Date of AT Program

- 1. Name of Sponsor: Canton Potsdam Hospital
2. Mailing Address: 50 Leroy St Potsdam NY 13676 St. Lawrence
3. Actual Address:
4. Telephone No.: 315-265-3300 Ext. Fax No.:
5. E-mail Address:
6. Trade/Occupation: Heating, Ventilation & Air Conditioning Mechanic
7. No. Employees: 10 No. Apprentices: 0 No. Journeyworkers: 3 8. Ratio: 1:1:1:3
9. DOT Code: 637.261-014 10. Length of Program: 48 months
11. Apprentice Probationary Period: 12 months 12. Work process: Standard [x] or Revised [ ]
13. Minimum Journeyworker Rate: \$ 34 per Hr. 14. Effective Date of Wages: Program completion

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

Table with 10 columns (1-10) and 3 rows (M/H checkboxes and wage values: 20.96, 21.48, 22.02, 22.57)

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

17. Signature of Official Sponsor Representative: Derek Dodd, Director, CPH Facilities
Date: 1/3/2024
18. Signature of Union Representative
Date

19. Signature New York State Department of Labor
Date

Received
NYS Department of Labor
Apprentice Training
JAN 08 2024
JAN 25 2024



**WE ARE YOUR DOL**



Department of Labor

Apprenticeship Training Program

Sponsor Code 52196

Trade Code 56458

**Related Instruction Availability**

Trade: Heating, Ventilation & Air Conditioning Mechanic

Sponsor Name: Canton Potsdam Hospital

Sponsor Representative: Dereck Dodd

Sponsor Address:

No. & Street: 50 Leroy Street City: Potsdam

County: St. Lawrence State: NY Zip Code: 13676

Sponsor Telephone No.: 315-261-5313

Proposed Number of Apprentices: 1

**AT Office**

Name: Central

No. & Street: 450 South Salina Street Rm 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 1/9/24

Related instruction is **not** available.

Related instruction **is** available at:

**School**

Name: St. Lawrence County BOCES Adult Educaiton & Workforce Development

No. & Street: 40 West main St PO Box 231

City: Canton State: NY Zip Code: 13617

School Representative Contact Information:

Name: Alex Larche Pacific

Telephone No.: 315-379-7963 extension 10402 Email: [REDACTED]

**School**

Name: Tooling University toolingu.com

No. & Street: 1-866-706-8665

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: 1-866-706-8665 Email: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

JAN 25 2024

**DLEA**

Name: Alex Larche Pacific Central Office

No. & Street: 40 West main St PO Box 231

City: Canton Zip Code: 13617

Signature of [REDACTED] Date Prepared: 1/11/24

Received  
JAN 16 2024  
D.E.W.S Syracuse NY

**WE ARE YOUR DOL**



Department of Labor

Apprenticeship Training Program

Sponsor Code 52196

Trade Code 56458

**Related Instruction Availability**

Received  
JAN 16 2024  
D.E.W.S Syracuse NY

Trade: Heating, Ventilation & Air Conditioning Mechanic

Sponsor Name: Canton Potsdam Hospital

Sponsor Representative: Dereck Dodd

Sponsor Address:

No. & Street: 50 Leroy Street City: Potsdam

County: St. Lawrence State: NY Zip Code: 13676

Sponsor Telephone No.: 315-261-5313

Proposed Number of Apprentices: 1

**AT Office**

Name: Central

No. & Street: 450 South Salina Street Rm 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 1/9/24

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

**School**

Name: TPC Training tpctraining.com

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: 1-877-978-7246

Email: [REDACTED]

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

JAN 25 2024

**DLEA**

Name: Alex Larche Pacific

Central Office

No. & Street: 40 West main St PO Box 231

City: Canton State: NY Zip Code: 13617

Signature of DLEA [REDACTED] Date Prepared: 1/11/24



### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Canton Potsdam Hospital

Located at: (Address) 50 Leroy St. Potsdam NY 13676

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

In the occupation of: (List Trade) Heating, Ventilation & Air Conditioning Mechanic

**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 Graduate or Equivalent (GED YASC)

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

Applicants verbal 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: May be required to work from heights, ladders, and confined spaces.

Other:

Other:

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Canton-Potsdam Hospital

Address: 50 Leroy St Potsdam NY 13676

Days: Monday-Friday Times: 9 a.m.-4 p.m.

Phone: (315) 265-3300 Email: \_\_\_\_\_

Special Instructions:

NYS Department of Labor  
Apprentice Training

**JAN 25 2024**

Central Office

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



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Heating, Ventilation & Air Conditioning Mechanic  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b>		<b>Total</b>		<b>Total</b>
<input type="checkbox"/>	____ Points for Each Year of Education Past Grade ____ or Equivalent as Recognized by Local Educational Authorities	20		
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	10		
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10		
<input type="checkbox"/>	Other: _____			
<b>Work Experience</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	20		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	10		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5		
<input type="checkbox"/>	Other: _____	5		
<b>Seniority</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Employment with The Sponsoring Firm	20		
<input type="checkbox"/>	Other: _____	20		
<b>Job Aptitude</b>		<b>Total</b>		<b>Total</b>
<input type="checkbox"/>	____ Name of Aptitude Test: _____			
<input type="checkbox"/>	____ Administered by _____			
<input type="checkbox"/>	Other: _____			
<b>Oral Interview: Not to Exceed 40% of Total Score</b>		<b>Total</b>		<b>Total</b>
<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 \_\_\_\_\_ NYS Department of Labor  
Apprentice Training

Evaluated by: \_\_\_\_\_ (Name) Date: JAN 25 2024

Sponsor Name: Canton Potsdam Hospital

Central Office

Sponsor Address: \_\_\_\_\_



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.

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.
[X] 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 1/3/2024

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

Derek Dodd Director, LPH Facilities

Approved by: \_\_\_\_\_ New York State Department of Labor \_\_\_\_\_ Date

Sponsor Name \_\_\_\_\_ Sponsor Code 52196 No. of Apprentices \_\_\_\_\_

Trade(s) 56458 Trade Code(s) \_\_\_\_\_

NYS Department of Labor Apprentice Training