



SEP 01 2021

New York State Registered Apprenticeship Training Program

Central Office 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: Catbird NYC Inc
B. Trade(s): Bench Jeweler (Production)
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)*
D. Name of entity completing this form: Catbird NYC Inc
E. Entity completing this form (check one): [X] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 141 Flusing Ave, Suite 903, Building 77
City/Town: Brooklyn State: NY Zip Code: 11205
G. Email: [Redacted] H. Phone: 917-900-4783 I. Fax: N/A
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? 17
O. Within the past five (5) years, have you done business under a different name? [X] 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 [X] 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 [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 _____ Date 8/19/21

Print name and title: Rony Vardi Founder and Owner

Sworn to me this: 19th day of August, 2021 Signature of Notary Public or Commissioner of Deeds _____



NYS Department of Labor
Apprentice Training

SEP 01 2021

Central Office

RAYMOND C. HABIB
Notary Public, State of New York
No. 01HA6295803
Qualified in Kings County
Commission Expires Jan 13, 2022

X



AUG 20 2021 REC'D

Apprentice Training Program Registration Agreement

NYC

Revision

Nature of Change: _____

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

- 1. Name of Sponsor: Catbird NYC Inc
- 2. Mailing Address: 219 Bedford Ave Brooklyn NY 11211 Kings
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 141 Flushing Ave, Suite 903, Building 77 Brooklyn NY 11205 Kings
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 917-900-4783 Ext. _____ Fax No.: _____
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Bench Jeweler (Production)
- 7. No. Employees: 138 No. Apprentices: 1 No. Journeyworkers: 9 8. Ratio: 1:1, 1:1
- 9. DOT Code: 51-9071.00 10. Length of Program: 27 months
- 11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 22 per hour 14. Effective Date of Wages: January, 3, 2022

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"/> 1125	H <input checked="" type="checkbox"/> 1125	H <input checked="" type="checkbox"/> 1125	H <input checked="" type="checkbox"/> 1125	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
\$18	\$19	\$20	\$21						

- 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 _____ Date
- 18. Genne Laakso 7/13/2021 Signature of Union Representative 7/13/21 Date

Rony Vardi, Founder and Owner Roseanna Kilts, Sr. HR Manager Genne Laakso, Product Knowledge Manager
Print Name and Title Print Name, Title, and Union Name

19. _____ Signature of New York State Department of Labor _____ Date 8/19/21
Apprentice Training

SEP 01 2021



Department of Labor

NYS Department of Labor
Apprenticeship Training Office
New York State Department of Labor

AUG 20 2021 REC'D

Sponsor Code _____
Trade Code _____

NYC

Related Instruction Availability

Trade: Bench Jeweler (Production)

Sponsor Name: Catbird NYC Inc

Sponsor Representative: Roseanna Kilts and Genne Laakso

Sponsor Address:

No. & Street: 219 Bedford Ave. City: Brooklyn

County: Kings State: NY Zip Code: 11211

Sponsor Telephone No.: 917-900-4783

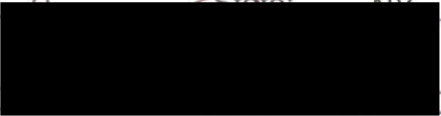
Proposed Number of Apprentices: 1

AT Office

Name: New York City Apprenticeship training office

No. & Street: 9 Bond Street 4th FL., Room 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative:  Date Prepared: 8/20/2021

Related instruction is **not** available.

Related instruction **is** available at: There is a total of four RI locations - Please see second AT 8 form attached

School

Name: Fashion Institute of Technology (FIT) CCPS/Enterprise Studies & Digital Design

No. & Street: 236 West 27th Street Store Front/A 100

City: New York State: New York Zip Code: 10001

School Representative: Lisa Kesselman Assistant Coordinator

School

Name: Tooling U-SME

No. & Street: 3615 Superior Avenue East Building 44, 5th Floor

City: Cleveland State: Ohio Zip Code: 44114

School Representative: Matt Dawson Account Manager

DLEA

Name: _____

No. & Street: _____

City: NYS Department of Labor State: _____ Zip Code: _____
Apprentice Training

Signature of DLEA SEP 01 2021 Date Prepared: _____

AT 8 (6-16)

Central Office



AUG 20 2021

Sponsor Code _____
Trade Code _____

Related Instruction Availability

Trade: Bench Jeweler (Production)

Sponsor Name: Catbird NYC Inc

Sponsor Representative: Roseanna Kilts and Genne Laakso

Sponsor Address:

No. & Street: 219 Bedford Ave. City: Brooklyn

County: Kings State: NY Zip Code: 11211

Sponsor Telephone No.: 917-900-4783

Proposed Number of Apprentices: 1

AT Office

Name: New York City Apprenticeship training office

No. & Street: 9 Bond Street 4th FL. Room 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative: [Redacted] Date Prepared: 8/20/2021

Related instruction is **not** available.

Related instruction is available at:

School

Name: Gemological Institute of America (GIA)

No. & Street: 50 W 47th ST 8th Floor

City: New York State: New York Zip Code: 10036

School Representative: Jacob Peters Admissions Representative

School

Name: Studio Jewelers Ltd. Jewelry Trade School

No. & Street: 32 E 31st ST #3

City: New York State: New York Zip Code: 10016

School Representative: Robert Streppone Founder and Director

DLEA

Name: NYS Department of Labor Apprentice Training

No. & Street: _____

City: SEP 01 2021 State: _____ Zip Code: _____

Signature of DLEA Central Office Date Prepared: _____



AUG 20 REC'D

NYC

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):

- [X] 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:

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

8/19/21 Date

Rony Vardi Founder and Owner

Print Name and Title

Approved by:

Nidhi Tanya NYS Department of Labor

9/1/21 Date

Sponsor Name Catbird NYC Inc Sponsor Code No. of Apprentices

Trade(s) NYS Department of Labor Bench Jeweler (Production) Trade Code(s) Apprentice Training



Department of Labor

New York State Department of Labor

NYS Department of Labor
Apprenticeship Training Office

AUG 20 2021 REC'D

NYC

Apprentice Training Recruitment Notification and Minimum Qualifications

NYS Department of Labor
Apprentice Training

Sponsor Code _____

Trade Code _____

SEP 01 2021

Catbird NYC Inc

Central Office

, located at

(Sponsor)

141 Flushing Ave, Suite 903; Building 77 Brooklyn, NY 11205

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in

(No. of Openings)

the occupation of Bench Jeweler (Production)

(Trade)

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, G.E.D. or T.A.S.C.

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

(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 be in a stationary position for long periods of time.
Occasionally move about inside the studio to use machines or access tools
Operates jeweler tools and equipment
Ability to work and operate rotary tools

Other: Ability to work with flammable gas and fire

Must be able to be around loud noises for long periods of time.

Must be able to see small objects or use magnifying glasses for long periods of time.

Other: Must be ok with getting dirty during production processes.

Must be able to do repetitive actions daily

Forward flexion extension or lateral rotation of the head and neck

Must be able to hold small objects
Reach at, above or below shoulder level.

Repetitive movement of the foot and ankle

Minimum proficiency in 7th grade math

Must be able to have hand and eye coordination

Must be able to work with a sense of urgency

Understand, read, write, and speak basic English

Wear OSHA required PPE for long periods of time

Must be able to work long hours during mandatory overtime

Application Forms May be Obtained From:

Dates: From: 9/1/21 To: 11/1/21

Name: HR

Days: Monday-Friday

Address:

Times: 10am-6pm

Phone Number: () -

Email Address: 

Special Instructions: No calls please.

All Applications Must be (please check) Received Postmarked no Later Than: 11/15/2021



Department of Labor

New York State Department of Labor

NYS Department of Labor Apprenticeship Training Office

AUG 20 RECD

NYC

Sponsor Code _____ Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate, Trade, Address, City, State, Zip

Table with columns: Educational Achievement, Work Experience, Seniority, Job Aptitude, Oral Interview. Includes checkboxes for criteria and a grid for Maximum Points Allowable, Number of Years Credited, and Score.

Total Allowable Points 100 Total Score ->

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name _____

Sponsor Address _____

NYS Department of Labor Apprentice Training

AT 508 (5-16) SEP 01 2021

Central Office