



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.
New York State Department of Labor
Apprentice Training

Section I

A. Sponsor name: Cayuga Marketing LLC JUN 21 2021

B. Trade(s): Dairy Specialist

C. Type of Apprenticeship Training Program (check one):
1 Individual Non-Joint 2 Individual Joint 3 Group Non-Joint* 4 Group Joint (JAC/JATC)*
Central Office

*For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: Cayuga Marketing, LLC

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: 15 Eagle Drive
City/Town: Auburn State: NY Zip Code: 13021

G. Email: [REDACTED] H. Phone: (315) 612-3229 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? 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? 22

O. Within the past five (5) years, have you done business under a different name? 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 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 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

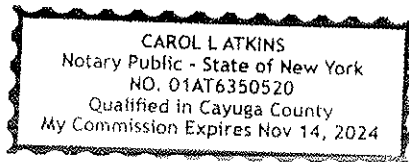
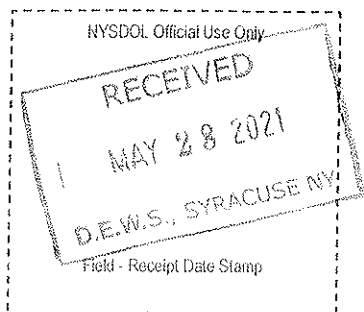
Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time 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.

Julia Rotman Smith 3/17/21
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date
 Print name and title: Julia Rotman Smith - Org Devel. Manager
 Sworn to me this: 17th day of May
Carol Atkins
 Signature of Notary Public or Commissioner of Deeds





Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program ~~MOELL AT 10~~

State Use Only	
AT Sponsor No.	
ATP Code	70-591
Effective Date of AT Program	

1. Name of Sponsor: Cayuga Marketing LLC

2. Mailing Address: 15 Eagle Drive Auburn NY 13021 Cayuga
(number & street) (city) (state) (zip code) (county)

3. Actual Address: same
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: 315-612-3229 Ext. _____ Fax No.: _____

5. E-mail Address: [REDACTED]

6. Trade/Occupation: Dairy Specialist

7. No. Employees: 01 No. Apprentices: 3 No. Journeyworkers: 60 8. Ratio: ~~30:1~~ 3:60 1:20
11:11

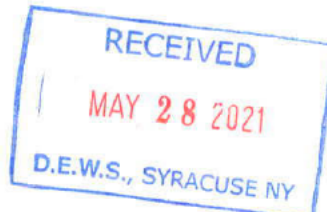
9. DOT Code: 45-2093.00 10. Length of Program: 36 months

11. Apprentice Probationary Period: 8 months 12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: \$ 15.00 per hour 14. Effective Date of Wages: 6/16/21

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 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"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
See	Mock	AT10's							



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

17. Julia Smith 5/17/21
Signature of Official Sponsor Representative Date

18. _____
Signature of Union Representative Date

Julia Smith Org. Devel. Manager
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

JUN 21 2021

Central Office



JUN 21 2021

Apprenticeship Agreement

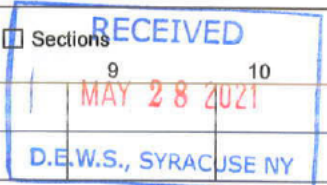
Please send to your regional DOL office:

I. Apprenticeship Agreement Central Office Sponsor No. _____ ATP Code 70-591

Name of Apprentice (Last, First, M.I.) <u>Tad Patterson</u>		1. Name of Program Sponsor <u>Cayuga Marketing LLC</u>	
[Redacted]		Physical address of Program Sponsor (no. and street) <u>15 Eagle Drive</u>	
		City <u>Auburn</u>	County <u>Cayuga</u>
		State <u>NY</u>	Zip code
		Mailing address of Program Sponsor (no. and street) <u>same</u>	
		City <u>Patterson Dairy</u>	County <u></u>
		State <u></u>	Zip code <u></u>
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Dairy Specialist</u>			
3. Start Date	4. Length of program (Months) <u>36</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>8 months</u>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Cayuga Community College, SUNY Morrisville, SUNY Cobleskill, NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>15.00</u>
8. Credit for previous training or experience: Months Points Sections <input type="checkbox"/> Reinstatement <input checked="" type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> 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
12 mos	24 mos	36 mos							
12.88	13.26	13.66							



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: [Signature] Date: 5/12/21
 Signature of Official Sponsor Representative: [Signature] Date: 5/12/21

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____ Date _____

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.

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	_____	_____



JUN 21 2021

Apprenticeship Agreement

I. Apprenticeship Agreement Central Office

Sponsor No. _____

ATP Code

70-591

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

Grant Itle

1. Name of Program Sponsor

Cayuga Marketing LLC

Physical address of Program Sponsor (no. and street)
15 Eagle Drive

City Auburn County Cayuga State NY Zip code

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

City County State Zip code
Patterson Dairy

2. Trade: Time-based Competency-based Hybrid

Dairy Specialist

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
36 8 months

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)

Cayuga Community College, SUNY Morrisville, SUNY Cobleskill, NY

RI Compensated

Yes No

7. Minimum Journey-Worker Rate

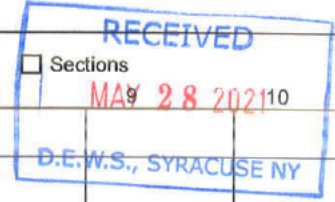
15.00

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
12 mos	24 mos	36 mos					
12.88	13.26	13.66					



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

5/12/2021 Date

Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

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.

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	_____	_____



Apprenticeship Agreement

JUN 21 2021

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code

70-591

Name of Apprentice (Last, First, MI)
Bethany Robin
Central Office

1. Name of Program Sponsor
Cayuga Marketing LLC

Physical address of Program Sponsor (no. and street)
15 Eagle Drive

City County State Zip code
Auburn Cayuga NY

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

City County State Zip code
Spruce Haven Dairy

2. Trade: Time-based Competency-based Hybrid
Dairy Specialist

3. Start Date _____ 4. Length of program (Months) 36 5. DOI, Apprentice Probation Period for Completion Rates (Months) 8 months

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
Cayuga Community College, SUNY Morrisville, SUNY Cobleskill, C
RI Compensated Yes No 7. Minimum Journey-Worker Rate 15.00

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
12 mos	24 mos	36 mos						
14.10	14.53	14.97						

RECEIVED
MAY 28 2021
D.E.W.S., SYRACUSE NY

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

Bethany Robin
Signature of Apprentice and Parent/Guardian if age 16-17

05/12/2021
Date

Julia Smith
Signature of Official Sponsor Representative

05/12/21
Date

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

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.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

State Use Only
Date _____ Init _____
To ATC _____
To DLEA _____
Data Entry _____

Signature of DLEA Representative

Date

Print Name

WE ARE YOUR DOL



Apprenticeship Training Program

Sponsor Code _____

Trade Code 70-591

NYS Department of Labor
Apprentice Training

JUN 21 2021

Related Instruction Availability

Trade: Dairy Specialist

Sponsor Name: Cayuga Marketing

Sponsor Representative: Julia Smith

Sponsor Address:

No. & Street: 15 Eagle Drive

County: Cayuga

State: NY

City: Auburn

Zip Code: 13021

Sponsor Telephone No.: 315-812-3229

Proposed Number of Apprentices: 3

AT Office

Name: NYS Dept 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: 6/2/21

Related instruction is not available.

Related instruction is available at:

School

Name: Cayuga Community College

No. & Street: 187 Franklin Street

City: Auburn

State: NY

Zip Code: 13021

School Representative Contact Information:

Name: Emily Cameron

Telephone No.: 315-255-1743

Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____

State: _____

Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____

Email: _____

DLEA

Name: [REDACTED]

No. & Street: 12 Allen Street

City: Auburn

State: NY

Zip Code: 13021

Signature of DLEA [REDACTED]

Date Prepared: 6/2/21



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____
Trade Code 452093 ONET
ATP-70-591

Cayuga Marketing (Sponsor), located at

15 Eagle Drive, Auburn, NY 13021 (Address)

is presently accepting applications for an estimated 3 (No. of Openings) apprentice training positions in

the occupation of Dairy Specialist (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 or GED Equivalent, Driver's License

Physical Condition: Be physically able to perform the work required as determined by
Must be able to stand, lift 50 pounds or more, mobility

(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:

NYS Department of Labor
Apprentice Training

JUN 21 2021

Other:

Central Office

Application Forms May be Obtained From:

Name: Cayuga Marketing/ Julia Smith

Address:
15 Eagle Drive
Auburn, NY 13021

Phone Number: (315) 612 - 3229

Dates: From: _____ To: _____

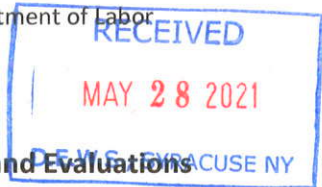
Days: Monday- Thursday

Times: 8-5

Email Address: [REDACTED]

Special Instructions:

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



Sponsor Code _____
 Trade Code(s) 45269300
ATP-10-591

Selection Standards and Evaluations

Name of Candidate	Trade Dairy Specialist		
Address 15 Eagle Drive	Auburn	City NY	State 13021 Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement	Total				Total
<input checked="" type="checkbox"/> Points for Each Year of Educational Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities		9			
<input checked="" type="checkbox"/> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities		2			
<input checked="" type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed		2			
<input checked="" type="checkbox"/> Other <u>Points for certifications and certificates or formal training (e.g. breeding, managerial training)</u>		2			
		3			
Work Experience	Total	16			Total
<input checked="" type="checkbox"/> Points for Each Year of Trade Related Work Experience		9			
<input checked="" type="checkbox"/> Points for Each Year of Active Military Experience		1			
<input checked="" type="checkbox"/> Points for Each Year of General Work Experience		2			
<input checked="" type="checkbox"/> Other <u>Demonstration of "professional skills" including reliability and problem solving</u>		4			
Seniority	Total	5			Total
<input checked="" type="checkbox"/> Points for Each Year of Employment With The Sponsoring Firm		5			
<input type="checkbox"/> Other _____					
Job Aptitude	Total	5			Total
<input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____					
<input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____					
<input checked="" type="checkbox"/> Other <u>Demonstrates ability to perform basic mathematical and writing skills</u>		5			
Oral Interview: Not to Exceed 40% of Total Score	Total	20			Total
<input checked="" type="checkbox"/> Ability to Communicate		5			
<input checked="" type="checkbox"/> Willingness to Accept Obligation of Apprenticeship		5			
<input checked="" type="checkbox"/> Ability to Reason and Comprehend		5			
<input checked="" type="checkbox"/> Interest and Motivation		5			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

Total Allowable Points → 55 Total Score →

Rank _____

Evaluated by _____ Date _____
 (Name)

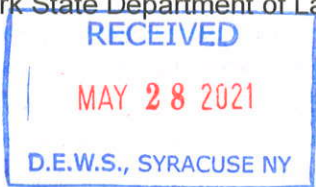
Sponsor Name Cayuga Marketing

Sponsor Address 15 Eagle Drive Auburn, NY 13021



Department of Labor

New York State Department of Labor



Sponsor Code _____
Trade Code(s) 54063
70-591

Apprentice Training Program Affirmative Action Plan

- New Program
- Amended
- Renewal

To be Administered by: Cayuga Marketing LLC _____
Sponsor's Name

Address: _____

15 Eagle Dr _____

Auburn, NY _____ 13021 _____

Zip Code

Plan is Effective From: 6/1/21
Date

To: 6/1/26
Date

On behalf of the above named sponsor, I certify that it is our intent to fulfill this Affirmative Action Plan.

Signature of Sponsor: Julia Rotman Smith _____ 5/17/21 _____
Date
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Print Name: Julia Smith _____

Title: Organizational Development Manager _____

Do not write below this line.

Approved by: _____
NYS Department of Labor Date

Title: _____

NYS Department of Labor
NYS Department of Labor
Apprentice Training

JUN 21 2021

Central Office
Central Office

Part I – Equal Opportunity Standards

- A. Provide a brief description of the nature and extent of the Sponsor's business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.

The sponsor, Cayuga Marketing, LLC is a marketing entity in which approximately 30 local farms belong to. This entity provides education, workforce development, and guidance to these farms. The farms are located primarily in Cayuga, Cortland, and Onondaga counties. There are approximately 900 employees that are employed on these farms and 4 support staff that are a part of Cayuga Marketing (2 of which that provide on farm support). Cayuga Marketing farms produce approximately 4 million pounds of milk daily for the NYS economy.

B. Equal Opportunity Pledge

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following **Equal Opportunity Pledge**:

The recruitment, selection, employment, and training of apprentices during their 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, and 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.

C. Affirmative Action Policy Statement /1

Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

D. Sexual Harassment Policy Statement /1

Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and/or Sexual Harassment Policy Statement should contact the New York Department of Labor's Division of Equal Opportunity Development.

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 302,005 in the following county(counties):

<u>Cayuga</u>	_____	_____
<u>Cortland</u>	_____	_____
<u>Onondaga</u>	_____	_____

The labor force includes: /1

Minorities

African American	<u>21,221</u>	<u>7.03</u>	%
Hispanic	<u>8,198</u>	<u>2.71</u>	%
Other Minorities /2	<u>12,008</u>	<u>3.98</u>	%
Total Minorities	<u>41,426</u>	<u>13.72</u>	%
 Women	 <u>148,385</u>	 <u>49.13</u>	 %

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities:	<u>10</u>	%
Goal for Women:	<u>30</u>	%

NYS Department of Labor
 Apprenticeship Training
 JUN 21 2021
 Central Office

/1 Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.
 /2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Dairy Specialist

A. Current Staffing in the Above Trade

	Total	African American	Hispanic	Other Minority	Women
Active Journeyworkers					
Registered Apprentices					

B. Projected Number of Apprentice Indentures /1

Year	2021/22	2023	2024	2025	2026	Totals
New Positions						
Vacancies from Turnover /2						
Total Indentures						

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows: /1

Year	2021/22	2023	2024	2025	2026	Totals
African American						
Hispanic						
Other Minority						
Women						
Total Indentures						

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

/1 Where no apprentice indentures are planned for a particular group or year, enter "0".

/2 Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV – Action Plans and Requirements

A. Outreach and Positive Recruitment Plan

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:

The sponsor will lead ongoing recruitment efforts for farms to implement apprenticeship, making farms aware of specific opportunities related to women in apprenticeship and opportunities for them to further develop their Hispanic workforce whom they are already highly committed to growing.

Direct Entry Provider(s): (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtml>.)

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Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).

An area-wide public recruitment will publicize the following information:

- a. Estimated number of apprentice job openings to be filled.
- b. Eligibility requirements.
- c. Where and when applications may be obtained.
- d. When applications are to be submitted.
- e. Affirmative Action policy of the sponsor.

2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.

3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (www.newyork.us.jobs/).

4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached** to be **submitted to the Commissioner of Labor** for review and approval prior to being used. /1

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One):

1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

/1 A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)



2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. /1



3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.



4. Alternative selection methods. /2

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

/1 Sponsors are advised to keep all applications for a **minimum of one year**.

/2 A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.

Part IV – Action Plans and Requirements (continued)

E. Notification and Appointment of Candidates for Apprenticeship.

It is agreed that whether selection is made from a certified list established by rank, random selection, list of current employees or union members, or alternative methods, the following notification procedure will prevail:

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure, Part 600.12.
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reasons for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure, Part 600.12.
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail, return receipt requested.
4. After the commencement of the term of an apprenticeship program, the program sponsors may appoint available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of such appointment will be in writing and shall be sent by certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

Part V – Discrimination Complaint Procedure

It is agreed that complaints will be filed in accordance with Part 600.12, Complaint Procedures, as defined under Equal Employment Opportunity in Apprenticeship Training Regulations.

Part VI – Distribution

Send the original Affirmative Action Plan to your Apprentice Training Representative.

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