



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions JUL 20 2021

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: Cerebral Palsy Association of Nassau County, Inc.
- B. Trade(s): Direct Support Professional
- C. Type of Apprenticeship Training Program (check one):
 1. ☒ 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: Cerebral Palsy Of Nassau County, Inc.
- 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: 380 Washington Avenue
 City/Town: Roosevelt State: NY Zip Code: 11575
- G. Email: [REDACTED] H. Phone: (516) 378-2000 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? 73
- 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.

Robert McGuire 7/19/2021
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: ROBERT MCGUIRE, EXECUTIVE DIRECTOR

Sworn to me this: 19th day of July, 2021 Pamela D. Burton
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

RECEIVED
HICKSVILLE, L. I.

JUL 22 REC'D

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Field - Receipt Date Stamp

PAMELA D. BURTON
Notary Public - State of New York
No. 01BU6311772
Qualified in Nassau County
My Commission Expires September 22, 2022

NYS Department of Labor
Apprentice Training

JUL 20 2021

Central Office

Apprentice Training Program Registration Agreement

Revision ☐Nature of Change: New Program

State Use Only

AT Sponsor No.

ATP Code

Effective Date
of AT Program

1. Name of Sponsor: Cerebral Palsy Association of Nassau County, Inc
2. Mailing Address: 380 Washington Avenue Roosevelt NY 11575 Nassau
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 380 Washington Avenue Roosevelt NY 11575 Nassau
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 516 378-2000 Ext. 209 Fax No.: 516 868-4089
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Direct Support Professional
7. No. Employees: 850 No. Apprentices: 0 No. Journeyworkers: 6 8. Ratio: 1:1:1
9. DOT Code: 195.367-900 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard ☒ or Revised ☐
13. Minimum Journeyworker Rate: \$ 15 per hour 14. Effective Date of Wages: 1/01/2021

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 checked="" type="checkbox"/>	M <input checked="" 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"/>
12 months	12 months								
\$14	\$15								

NYS Department of Labor
Apprentice Training

JUL 20 2021

Central Office

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

17. Robert Mc Guire 7/19/2021 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

ROBERT MCGUIRE, EXECUTIVE DIRECTOR
Print Name and Title

Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date

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NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

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Department
of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-547

Related Instruction Availability

Trade: Direct Support Professional

Sponsor Name: Cerebral Palsy Association of Nassau County, Inc

Sponsor Representative: Robert McGuire

Sponsor Address:

No. & Street: 380 Washington Ave.

City: Roosevelt

County: Nassau

State: New York

Zip Code: 11575

Sponsor Telephone No.: 516 378-2000

Proposed Number of Apprentices: 0

AT Office

Name: NYS Dept. of Labor, Apprenticeship Unit

No. & Street: 303 W Old Country Road, 2 Floor

City: Hicksville

State: NY

Zip Code: 11801

Apprentice Training Representative: [REDACTED]

Date Prepared: 6/21/21

☐ Related instruction is **not** available.

☒ Related instruction **is** available at:

School

Name: SUNY Nassau(Nassau Community College)

No. & Street: One Education Drive

City: Garden City

State: NY

Zip Code: 11530

School Representative Contact Information:

Name: Dawn Nolan

Telephone No.: 516 572-7489

Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____

State: _____

Zip Code: _____

NYS Department of Labor
Apprentice Training

School Representative Contact Information:

Name: _____

Telephone No.: _____

Email: _____

JUL 20 2021

Central Office

DLEA

Name: [REDACTED]

No. & Street: 1196 Prospect Avenue

City: Westbury

State: NY

Zip Code: 11590

Signature of DLEA _____

Date Prepared: _____

**Apprentice Training Recruitment Notification and Minimum Qualifications**Sponsor: Cerebral Palsy Association of Nassau County, Inc.Located at: (Address) 380 Washington Avenue, Roosevelt, NY 11575Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: TBAIn the occupation of: (List Trade) Direct Support Professional**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 Equivalent such as GED or TASC

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

Must be able to lift at least 100 pounds. Must be able to stand and walk for extended period of time.

(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: Assist Consumers with all Activities of Daily Living needs including, but not limited to, feeding, transferring, lifting, toileting, dressing(coats), etc. as per consumer's protocols.

Other: After selection an prior to indenture in accordance to the U.S. Equal Opportunity Commission (EEOC) and the U.S. Federal Trade Commission (FTC), candidates must pass a complete background check which

Other: includes the NYS sex offender registry that meets all Federal, State and Local requirements for these positions.

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Application forms may be obtained: From: TBA To: TBANYS DEPARTMENT OF LABOR
APPRENTICESHIP UNITName: Cerebral Palsy Association of Nassau County, Inc.Address: 380 Washington Avenue, Roosevelt, NY 11575Days: Monday - Friday Times: TBANYS Department of Labor
Apprentice TrainingPhone: (516) 378-2000 Email: [REDACTED]

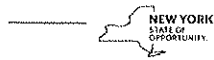
JUL 20 2021

Special Instructions:

Central Office

All Applications Must be (please check) ☒ Received ☐ Postmarked No Later Than: TBA

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of Labor

Sponsor Code _____

Trade Code(s) 89-547

Selection Standards and Evaluations

Name of Candidate _____	Trade Direct Support Professional		
Address _____	City _____	State _____	Zip _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement					
<input checked="" type="checkbox"/> 5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	Total	15			Total
<input type="checkbox"/> Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities		15			
<input type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed					
<input type="checkbox"/> Other _____					
Work Experience	Total	40			Total
<input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience		15			
<input checked="" type="checkbox"/> 5 Points for Each Year of Active Military Experience		15			
<input checked="" type="checkbox"/> 5 Points for Each Year of General Work Experience		10			
<input type="checkbox"/> Other _____					
Seniority	Total	5			Total
<input checked="" type="checkbox"/> 5 Points for Each Year of Employment With The Sponsoring Firm		5			
<input type="checkbox"/> Other _____					
Job Aptitude	Total				Total
<input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____					
<input type="checkbox"/> Points for High _____ Medium _____ Low _____					
<input type="checkbox"/> Name of Alternative Aptitude Test _____					
<input type="checkbox"/> Administered by _____					
<input type="checkbox"/> Other _____					
Oral Interview: Not to Exceed 40% of Total Score	Total	40			Total
<input checked="" type="checkbox"/> 0-10 Ability to Communicate		10			
<input checked="" type="checkbox"/> 0-10 Willingness to Accept Obligation of Apprenticeship		10			
<input checked="" type="checkbox"/> 0-10 Ability to Reason and Comprehend		10			
<input checked="" type="checkbox"/> 0-10 Interest and Motivation		10			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

Total
Allowable Points



100

Total
Score→

Rank _____

Evaluated by _____ Date _____

Name

Cerebral Palsy Association of Nassau County, Inc.

Sponsor Name

380 Washington Avenue, Roosevelt, New York 11575

Sponsor Address

NYS Department of Labor
Apprentice Training

JUL 20 2021

Central Office

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NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

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):

- ☐ 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.

Robert McGuire

Executive Director

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name

Cerebral Palsy Assoc. of Nassau County, Inc.

Sponsor Code

No. of Apprentices

0

Trade(s)

Direct Support Professional

Trade Code(s)

89-547

NYS Department of Labor
Apprentice Training

AT 602 (11/20)

JUL 20 2021

Central Office