

JAN 08 2024

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: Charles T Sitrin Health Care Center, Inc.

B. Trade(s): Building Maintenance 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)*

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

D. Name of entity completing this form: Charles T Sitrin Health Care Center, 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: 2050 Tilden Ave
City/Town: New Hartford State: NY Zip Code: 13413

G. Email: _____ H. Phone: (315) 737-2416 I. Fax: (315) 735-7804

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? 72

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:

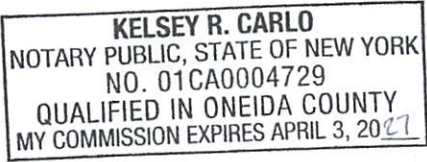
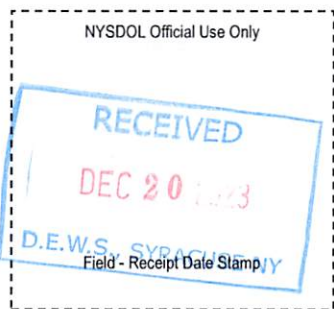
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity Christa Serafin, CEO Date 12/14/23

Print name and title: Christa Serafin, CEO

Sworn to me this: 14 day of December, 2023 Signature of Notary Public or Commissioner of Deeds Kelsey R. Carlo



NYS Department of Labor
Apprentice Training
JAN 08 2024

JAN 08 2024

Central Office

WE ARE YOUR DOL



www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	56-382
Effective Date of AT Program	

- Name of Sponsor: Charles T. Sitrin Health Care Center, Inc.
- Mailing Address: 2050 Tilden Ave. New Hartford NY 13413 Oneida
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 737-2416 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Building Maintenance Mechanic
- No. Employees: 534 No. Apprentices: 0 No. Journeyworkers: 8 8. Ratio: 1:1,1:1
- DOT Code: 899.381-010
- Length of Program: 24 months
- Apprentice Probationary Period: 6 months
- Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 15.75 per _____
- Effective Date of Wages: 12/29/2023

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"/>
0-12	13-24								
\$15.0	\$15.50								

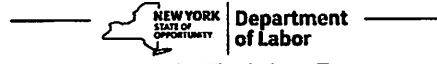
16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. Marc DePerno 12/14/23 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Marc DePerno, VP of Foundation & Communications
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

JAN 08 2024

WE ARE YOUR DOL



Sponsor Code _____

Trade Code 56-382

Central Office

Apprenticeship Training Program

Related Instruction Availability

Trade: Building Maintenance Mechanic

Sponsor Name: Sitrin Health Care Center

Sponsor Representative: Marc DePerno

Sponsor Address:

No. & Street: 2050 Tilden Ave. City: New Hartford

County: Oneida State: NY Zip Code: 13413

Sponsor Telephone No.: 315-737-2416

Proposed Number of Apprentices: _____

AT Office

Name: Central Region

No. & Street: 450 S. Salina Street Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative:  Date Prepared: 12/22/23

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

School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: _____

Telephone No.: 315-792-5400 Email: _____

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA:  Date Prepared: 12/26/23

JAN 08 2024

WE ARE YOUR DOL



Department
of Labor

Sponsor Code: _____

Trade Code: 56-382

Central Office

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Charles T. Sitrin Health Care Center, Inc.

Located at: (Address) 2050 Tilden Ave, New Hartford, NY 13413

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Building Maintenance Mechanic

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications HS/GED or 5 or more years work experience
Minimum Age: 16 Minimum Education: _____

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

Verbally attest to the ability to Walk, Climb, Stand, bend and lift 50 pounds or more.

(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 pass CHRC background check after offer of employment and any fees paid for by sponsor.**

Other:

Other:

Application forms may be obtained: From: 12/29/2023 To: _____

Name: Human Resources/ Front Desk

Address: 2050 Tilden Ave, New Hartford, NY 13413

Days: M-F Times: 8am-4pm

Phone: (315) 737-2413 Email: [REDACTED]

Special Instructions:

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

JAN 08 2024

Central Office

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

Sponsor Code _____

Trade Code(s) 56-382

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Building Maintenance Mechanic

Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total		Total
<input checked="" type="checkbox"/> <u>3</u>	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	24		
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	12		
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Trade Related Adult or Continuing Education Course Completed	4		
<input type="checkbox"/> _____	Other: _____	8		
Work Experience		Total		Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Trade Related Work Experience	26		
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Active Military Experience	10		
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of General Work Experience	10		
<input type="checkbox"/> _____	Other: _____	6		
Seniority		Total		Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/> _____	Other: _____	10		
Job Aptitude		Total		Total
<input type="checkbox"/> _____	Name of Aptitude Test: _____			
<input type="checkbox"/> _____	Administered by _____			
<input type="checkbox"/> _____	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score		Total		Total
<input checked="" type="checkbox"/> <u>1</u>	Ability to Communicate	40		
<input checked="" type="checkbox"/> <u>1</u>	Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/> <u>1</u>	Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/> <u>1</u>	Interest and Motivation	10		
<input type="checkbox"/> _____	Other: _____			
<input type="checkbox"/> _____	Other: _____			

Total Allowable Points →

100	Total Score →
-----	---------------

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Charles T. Sitrin Health Care Center, Inc.

Sponsor Address: 2050 Tilden Ave, New Hartford NY 13413

JAN 08 2024

Central Office

WE ARE YOUR DOL



www.labor.ny.gov

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 (<https://newyork.usnlx.com>) 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 (<https://newyork.usnlx.com>).
- 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:  12/14/23
Date

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

Marc DePerno VP of Foundation & Communications
Print Name and Title

Approved by: _____
New York State Department of Labor Date

Sponsor Name Charles T. Sitrin Health Care Center Sponsor Code _____ No. of Apprentices _____

Trade(s) Building Maintenance Mechanic, Housekeeper Trade Code(s) 56-382, 55-580