



New York State Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

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. **Aug 29 2023**

Section I

Central Office

- A. Sponsor name: Cicatelli Associates Inc.
- B. Trade(s): Community Health Worker
- 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: Cicatelli Associates 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: 505 8th Avenue 19th Floor
 City/Town: New York State: NY Zip Code: 10018
- G. Email: [REDACTED] H. Phone: 212-594-7741 I. Fax: 212-629-3321
- 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? 43
- 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.

Barbara Ciatelli 06-01-2023
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Barbara Ciatelli, President and Founder

Sworn to me this: 1 day of JUNE, 2023 *Andrew MacPhail*
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

ANDREW MACPHAIL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MA6404196
NEW YORK
Commission Expires February 10, 2024



NYS DOL Use Only: Sponsor No. _____
[] New Program [] Reactivation [] Revision [] Recertification

New York State
Registered Apprenticeship Training Program
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1. [] Individual Non-Joint 2. [] Individual Joint 3. [X] 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: St. Ann's Corner of Harm Reduction
E. Entity completing this form (check one):
[X] 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: 886 Westchester Avenue
City/Town: Bronx State: NY Zip Code: 10459
G. Email: [REDACTED] H. Phone: (718) 585-5544 I. Fax:
J. Federal Employer Identification Number (FEIN): [REDACTED]
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 [X] 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? 30
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] No
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- 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
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 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
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 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

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Steven Hernandez
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity

07/27/2023
 Date

Print name and title: Steven Hernandez, Chief of Staff

Sworn to me this: 27 day of July

Andrew MacPhail
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

ANDREW MACPHAIL
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01MA6404196
 NEW YORK
 Commission Expires February 10, 2024

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code 89-561 H
Effective Date of AT Program

1. Name of Sponsor: Cicatelli Associates Inc.
2. Mailing Address: 505 8th Avenue 19th Floor New York NY 10018 New York
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 505 8th Avenue 19th Floor New York NY 10018 New York
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 212-594-7741 Ext. 202 Fax No.: 212-629-3321
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Community Health Worker
7. No. Employees: 120 No. Apprentices: 0 No. Journeyworkers: 15 8. Ratio: 1:1, 1:1
9. DOT Code: _____ 10. Length of Program: 12 months
11. Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 20 per hr 14. Effective Date of Wages: 06/1/23

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 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"/>
H <input type="checkbox"/> 1-2	H <input type="checkbox"/> 3-4	H <input checked="" type="checkbox"/> 5-12	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"/>
16.00	16.50	17.00							

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

17. Barbara Cicatelli 06/01/2023 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Barbara Cicatelli; Resident _____
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

AUG 29 2023

Central Office

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-561H

Related Instruction Availability

Trade: Community Health Worker

Sponsor Name: Cicatelli Associates Inc.

Sponsor Representative: Barbara Cicatelli

Sponsor Address:

No. & Street: 505 8th Avenue 19th Floor City: New York

County: New York State: NY Zip Code: 10018

Sponsor Telephone No.: 212-594-7741 ext. 202

Proposed Number of Apprentices: 15

AT Office

Name: New York State Department of Labor | Apprenticeship Training

No. & Street: 1220 Washington Avenue Building 12, Room 459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [REDACTED] Date Prepared: _____

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

School

Name: Cicatelli Associates Inc. (Training Center)

No. & Street: 505 8th Avenue 19th Floor

City: New York State: NY Zip Code: 10018

School Representative Contact Information:

Name: Barbara Cicatelli

Telephone No.: 212-594-7741 ext. 202 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

NYS Department of Labor
Apprentice Training

AUG 29 2023

DLEA

Name: _____ Central Office

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Signature of DLEA _____ Date Prepared: _____

WE ARE YOUR DOL



www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 89-561H

Cicatelli Associates, Inc., located at _____

(Sponsor)

505 8th Avenue 19th Floor, New York, NY 10018

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in
(No. of Openings)

the occupation of Community Health Worker (hybrid-based)

(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: Must have a high school diploma or a high school equivalency diploma (such as TASC or GED)

Physical Condition: Be physically able to perform the work required as determined by: **NYS Department of Labor
Apprentice Training**

AUG 29 2023

(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.) **Central Office**

Other: • Must be legally able to work in the United States. Proof will be required, if applicable, after enrollment in apprenticeship program.

Other: _____

Other: _____

Application Forms may be obtained from: From: _____ To: _____

Name: Cicatelli Associates Inc. Days: online

Address: 505 8th Avenue 19th Floor
New York, NY 10018 Times: _____

Phone Number: _____ Email Address: _____

Special Instructions: Apply online at caiglobal.org/communityhealthworker

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

WE ARE YOUR DOL



Sponsor Code _____
Trade Code(s) 09-561H

Selection Standards and Evaluations

Name of Candidate	Trade Community Health Worker		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement <input type="checkbox"/> 5 Points for Each Year of Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	10 <u>10</u>		Total
Work Experience <input type="checkbox"/> Points for Each Year of Trade Related Work Experience <input type="checkbox"/> Points for Each Year of Active Military Experience <input type="checkbox"/> Points for Each Year of General Work Experience <input type="checkbox"/> 5 Other <u>Per year of community-based experience</u>	Total	35 <u>35</u>		Total
Seniority <input type="checkbox"/> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total			Total
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> Other _____	Total			Total
Oral Interview: Not to Exceed 40% of Total Score <input type="checkbox"/> 0-5 Ability to Communicate <input type="checkbox"/> 0-5 Willingness to Accept Obligation of Apprenticeship <input type="checkbox"/> 0-5 Ability to Reason and Comprehend <input type="checkbox"/> 0-5 Interest and Motivation <input type="checkbox"/> 0-5 Other <u>Cultural Competency</u> <input type="checkbox"/> 0-5 Other <u>Language Fluency</u>	Total	30 <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u>		Total

Total Allowable Points → 75 Total Score →

Rank _____

Evaluated by _____ Name _____ Date _____

**NYS Department of Labor
Apprentice Training**

Sponsor Name Cicatelli Associates, Inc

AUG 29 2023

Sponsor Address 505 8th Ave NY, NY 10018

Central Office

WE ARE YOUR DOL



Sponsor Code _____
Trade Code(s) 69-561H

New York State Department of Labor

Apprentice Training Program Affirmative Action Plan

- New Program
- Amended
- Renewal

To be Administered by: Cicatelli Associates Inc.
Sponsor's Name

Address: _____
505 8th Avenue 19th Floor
New York, NY 10018
Zip Code

Plan is Effective From: 06/01/2023 To: 05/31/28
Date Date

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

Signature of Sponsor: *Barbara Cicatelli* 06/01/2023
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Print Name: Barbara Cicatelli

Title: President and Founder

Do not write below this line.

Approved by: _____
NYS Department of Labor Date

Title: _____

NYS Department of Labor
Apprentice Training

AUG 29 2023

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 3,882,815 in the following county(counties):

<u>Bronx</u>	<u>Queens</u>	<u></u>
<u>Kings</u>	<u></u>	<u></u>
<u>New York</u>	<u></u>	<u></u>

The labor force includes: /1

Minorities

African American	<u>905,230</u>	<u>23.31</u>	%
Hispanic	<u>1,104,270</u>	<u>26.85</u>	%
Other Minorities /2	<u>600,806</u>	<u>15.47</u>	%
Total Minorities	<u>2,548,741</u>	<u>65.64</u>	%
Women	<u>1,189,500</u>	<u>48.68</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>65.64</u>	%
Goal for Women:	<u>6.99</u>	%

**NYS Department of Labor
Apprentice Training**

AUG 29 2023

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 Community Health Worker

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures /1

Year	20	23	24	25	26	27	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	20	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	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 (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.

NYS Department of Labor
Apprentice Training

AUG 29 2023

Central Office

/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.