

JAN 16 2024

Central Office

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.

Section I

- A. Sponsor name: Citygate Electrical LLC
- B. Trade(s): Electrician
- 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: Citygate Electrical 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: 1466 Lake Road West Fork
 City/Town: Hamlin State: NY Zip Code: 14464
- G. Email: [REDACTED] H. Phone: (585) 636-4030 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? 6
- 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.

Kurt Sillen Signature of CEO, Chair, or representative granted legal authority to bind the Entity 1/4/24 Date

Print name and title: KURT SILLEN VICE PRESIDENT

Sworn to me this: 4 day of JANUARY 2024 Colleen E. Flaherty Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training
JAN 16 2024
Central Office

COLLEEN E. FLAHERTY
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01FL6406252
QUALIFIED IN MONROE COUNTY
MY COMMISSION EXPIRES 03-23-2024

JAN 16 2024

Central Office

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Received
Apprenticeship Unit

DEC 15 2023

ROCHESTER

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	17-072
Effective Date of AT Program	

- Name of Sponsor: Citygate Electrical LLC
- Mailing Address: 1466 Lake Rd West Fork Hamlin NY 14464 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (585) 636-4030 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Electrician
- No. Employees: 48 No. Apprentices: 21 No. Journeyworkers: 10 8. Ratio: 1:1:1.3
- DOT Code: O*NET 47-2111.00 10. Length of Program: 60 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$21 per hour 14. Effective Date of Wages: 10/03/2023

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 type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>
820	820	820	820	820	820	820	820	820	820
16.00	16.50	17.00	17.50	18.00	18.50	19.00	19.50	20.00	20.50

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

17. Kurt Sell 12/15/23 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Eddie Crawford - President KURT SELLEN VICE PRESIDENT
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Sponsor Code _____

Trade Code 17-072

Apprenticeship Training Program

Related Instruction Availability

Trade: Electrician

Sponsor Name: Citygate Electrical LLC

Sponsor Representative: Kurt Sillen

Sponsor Address:

No. & Street: 1466 Lake Rd West Fork City: Hamlin

County: Monroe State: NY Zip Code: 14464

Sponsor Telephone No.: 585-636-4030

Proposed Number of Apprentices: 1

AT Office

Name: Western - Rochester

No. & Street: 276 Waring Rd

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative:  Date Prepared: 1/8/24

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

School

Name: ABC/CTCNYS - Rochester

No. & Street: 2762 W Ridge Rd

City: Greece State: NY Zip Code: 14626

School Representative Contact Information:

Name: Amy Platenik

Telephone No.: 585-363-1657 Email: 

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

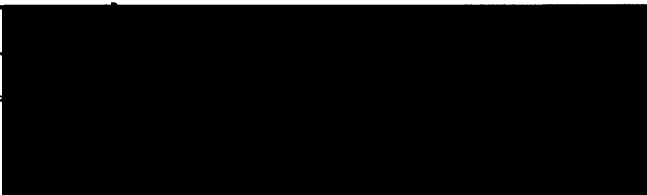
Name: _____

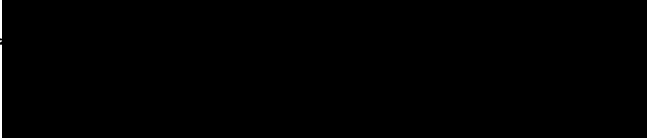
Telephone No.: _____ Email: _____

DLEA

Name: Shawna Gareau-Kurtz/Jill Slavny - Monroe2 BOCES

No. & Street: Center for Workforce Development WEMOCO CTE Center 3589 Big Ridge Road

City: Spencerport  Zip Code: 14559

Signature of DLEA:  Date Prepared: 1/18/24

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Department of Labor

Central Office

Please send to your regional DOL office:
276 Waring Rd, Rochester NY 14609

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072

	1. Name of Program Sponsor Citygate Electrical LLC		
	Physical address of Program Sponsor (no. and street) 1466 Lake Road West Fork		
	City Hamlin	County Monroe	State NY Zip code 14464
	Mailing address of Program Sponsor (no. and street) same		
	City _____ County _____ State _____ Zip code _____		
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____	3. Start Date _____	4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) ABC/CTCNYS - Rochester		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$21/hr
8. Credit for previous training or experience: 4 Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): Citygate Electrical			

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
820	820	820	820	820	820	820	820	820	820
16.00	16.50	17.00	17.50	18.00	18.50	19.00	19.50	20.00	20.50

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

Date 12/19/2023 Signature of Official Sponsor Representative Date 12/27/2023

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Received
Apprenticeship Unit

State Use Only	
Date	Init.
To ATC _____	_____
To DLEA _____	_____
Rank Verify _____	_____
Data Entry _____	_____

JAN 08 2023

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 _____

JAN 16 2024

Central Office

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Department
of Labor

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Sponsor Code: _____

Trade Code: 17-072

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Citygate Electrical LLC

Located at: (Address) 1466 Lake Road West Fork Hamlin, NY 14464

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

In the occupation of: (List Trade) Electrician

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

Minimum Qualifications High School Diploma or Equivalent (such as TASC or GED)

Minimum Age: 18 Minimum Education: _____

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

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must be a current, full time employee of Citygate Electrical.

Other: Must have reliable means of transportation to and from various job sites and required classes at the approved school.

Other: Must possess a valid NYS Driver's License in order to operate company vehicles.

Application forms may be obtained: From: _____ To: _____

Name: Citygate Electrical LLC

Address: 1466 Lake Road West Fork Hamlin, NY 14464

Days: Monday-Friday Times: 8am-4pm

Phone: (585) 636-4030 Email: [REDACTED]

Special Instructions:

Received
Apprenticeship Unit

DEC 15 2023

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

DEC 15 2023

ROCHESTER



Selection Standards and Evaluations

Name of Candidate: _____ Trade: _____

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement					
<input checked="" type="checkbox"/>	2 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities	25			Total
<input checked="" type="checkbox"/>	1 Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities	15			
<input checked="" type="checkbox"/>	1 Points for Each Trade Related Adult or Continuing Education Course Completed	2			
<input type="checkbox"/>	Other: _____	8			
Work Experience					
<input checked="" type="checkbox"/>	1 Points for Each Year of Trade Related Work Experience	20			Total
<input checked="" type="checkbox"/>	1 Points for Each Year of Active Military Experience	10			
<input checked="" type="checkbox"/>	1 Points for Each Year of General Work Experience	5			
<input type="checkbox"/>	Other: _____	5			
Seniority					
<input checked="" type="checkbox"/>	1 Points for Each Year of Employment with The Sponsoring Firm	15			Total
<input type="checkbox"/>	Other: _____	15			
Job Aptitude					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
	Administered by _____				
<input type="checkbox"/>	Other: _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/>	1 Ability to Communicate	20			Total
<input checked="" type="checkbox"/>	1 Willingness to Accept Obligation of Apprenticeship	5			
<input checked="" type="checkbox"/>	1 Ability to Reason and Comprehend	5			
<input checked="" type="checkbox"/>	1 Interest and Motivation	5			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

80	Total Score →
----	---------------

Rank _____

Evaluated by: _____ (Name)

Sponsor Name: Citygate Electrical LLC

Sponsor Address: 1466 Lake Road West Fork Hamlin, NY 14464

NYS Department of Labor
Apprentice Training

JAN 16 2024

Central Office

JAN 16 2024



Central Office

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: Aug 30 2023
Date

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

Eddie Crawford President
Print Name and Title

Approved by: _____
New York State Department of Labor Date

Sponsor Name Citygate Electric Sponsor Code _____ No. of Apprentices _____

Trade(s) Electrician Trade Code(s) 17-072