

MAR 15 2022

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: Cornell Cooperative Extension of Tompkins
- B. Trade(s): Teacher
- 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: Cornell Cooperative Extension Association of Tompkins
- 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: 615 Willow Ave
 City/Town: Ithaca State: NY Zip Code: 14850
- G. Email: [REDACTED] H. Phone: (607) 272-2292 I. Fax: (607) 272-7088
- 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? 109
- 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.

Sharon Anderson 1/29/22
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Sharon K. Anderson, Interim Executive Director

Sworn to me this: 29 day of January, 2022
Cassandra L. Gott
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
CASSANDRA L GOTT
 NOTARY PUBLIC-STATE OF NEW YORK
 No 01GO6299306
 Qualified in Tompkins County
 My Commission Expires 03-24-2022
 Field - Receipt Date Stamp

RECEIVED
 FEB 18 2022
 D.E.W.S., SYRACUSE NY

NYS Department of Labor
 Apprentice Training
 MAR 15 2022
 Central Office

MAR 15 2022

Central Office

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	89-596C
Effective Date of AT Program	

- Name of Sponsor: Cornell Cooperative Extension of Tompkins
- Mailing Address: 615 Willow Ave Ithaca NY Tompkins 14850
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 607-272-2292 Ext. _____ Fax No.: _____
- E-mail Address: _____
- Trade/Occupation: Teacher
- No. Employees: 130 No. Apprentices: 20 No. Journeyworkers: 2 8. Ratio: 1:1; 1:1
- DOT Code: _____ 10. Length of Program: 7-18 months
- Apprentice Probationary Period: 4.5 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 20.00 per hour 14. Effective Date of Wages: 01/01/2022

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"/> 0-6	H <input checked="" type="checkbox"/> 7-12	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"/>	H <input type="checkbox"/>
\$15.00	\$18.00								

NYS Department of Labor
RECEIVED

FEB 24 2022

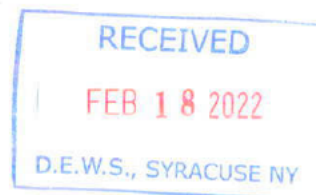
Apprentice Training
Albany Office

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

17. Sharon Anderson 2/14/22 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Sharon K. Anderson, Interm. Exe. Director _____
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 89-596C

Related Instruction Availability

Trade: Teacher
Sponsor Name: Cornell Cooperative Extension of Tompkins
Sponsor Representative: Aigbokhan Aloja Airewele
Sponsor Address:
No. & Street: 615 Willow Ave City: Ithaca
County: Tompkins State: NY Zip Code: 14850
Sponsor Telephone No.: _____
Proposed Number of Apprentices: 2

AT Office

Name: NYS Department of Labor - Apprenticeship Training
No. & Street: 450 South Salina St
City: Syracuse State: NY Zip Code: 13202
Apprentice Training Representative: [REDACTED] Date Prepared: 1/20/22

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

School

Name: Roots of Success -
No. & Street: 1231 2nd St.
City: Berkeley State: CA Zip Code: 94710
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____

School

Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____

DLEA

Name: [REDACTED]
No. & S: [REDACTED]
City: Ithaca State: NY Zip Code: 14850
Signature of DLEA: [REDACTED] Date Prepared: 1/20/22

MAR 15 2022

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Department
of Labor

www.labor.ny.gov

Sponsor Code: _____

Trade Code: _____

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Cornell Cooperative Extension of Tompkins

Located at: (Address) 615 Willow Ave, Ithaca NY 14850

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 2

In the occupation of: (List Trade) Teacher

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/GED/TASC

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

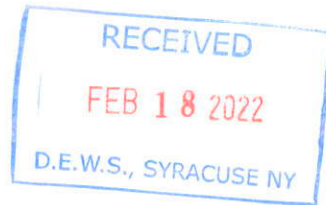
None

(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:

Other:



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

Name: _____

Address: _____

Days: _____ Times: _____

Phone: _____ Email: _____

Special Instructions:

Apply on-line at <http://ccetompkins.org/energy/energy-warriors>
Applications are also available at NYS DOL Ithaca Commons and TST BOCES

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

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Central Office

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 type="checkbox"/>	____ Points for Each Year of Education Past Grade _____ 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: _____				
Work Experience					
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	45			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Active Military Experience	10			
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of General Work Experience	20			
<input type="checkbox"/>	____ Other: _____	15			
Seniority					
<input checked="" type="checkbox"/>	<u>4</u> Points for Each Year of Employment with The Sponsoring Firm	20			
<input type="checkbox"/>	____ Other: _____	20			
Job Aptitude					
<input type="checkbox"/>	____ Name of Aptitude Test: _____				
	Administered by _____				
<input type="checkbox"/>	____ Other: _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/>	<u>1</u> Ability to Communicate	29			
<input checked="" type="checkbox"/>	<u>2</u> Willingness to Accept Obligation of Apprenticeship	5			
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	14			
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	5			
<input type="checkbox"/>	____ Other: _____	5			
<input type="checkbox"/>	____ Other: _____				

Total Allowable Points →

74	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Cornell Cooperative Extension of Tompkins

Sponsor Address: 615 Willow Ave Ithaca, NY 14850

MAR 15 2022

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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:

Sharon Anderson

1/28/22

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

Date

SHARON K. ANDERSON

EXECUTIVE DIRECTOR

Print Name and Title

Approved by:

New York State Department of Labor

Date

Sponsor Name Cornell Cooperative Extension of Tor Sponsor Code _____

No. of Apprentices 2

Trade(s) Teacher

Trade Code(s) 89-596C

AT 602 (12/21)

