

DEC 12 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: Corning Inc (Fairport)
B. Trade(s): Precision Optics Manufacturing Technician, CNC Machinist, Toolmaker
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: Corning Fairport Plant
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: 60 O'Connor Rd
City/Town: Fairport State: NY Zip Code: 14450
G. Email: [redacted] H. Phone: (585) 388-3542 I. Fax: [redacted]
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 [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? 69
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
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 [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
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.

Angela L. Julien 8/26/22
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date
Print name and title: Angela L. Julien - President, Corning Tropel
Sworn to me this: 26 day of August Sarah L. Ernst
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only
Received
Apprenticeship Unit
SEP 7 2022
ROCHESTER
Field - Receipt Date Stamp

Sarah L. Ernst
Notary Public, New York State
Chemung County
No. 01ER6252973
My Commission expires December 19, 2023

NYS Department of Labor
Apprentice Training
DEC 12 2022
Central Office

DEC 12 2022

Apprentice Training Program Registration Agreement

Central Office

Revision

Nature of Change: New Program Application
 Either F. Judge, or C. Brown are able to make program changes.

State Use Only	
AT Sponsor No.	
ATP Code	32-130A
Effective Date of AT Program	

- Name of Sponsor: Corning, Inc. (Fairport)
- Mailing Address: 60 O'Connor Road Fairport NY 14450 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585-388-3542 Ext. _____ Fax No.: N/A
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist (CNC)
- No. Employees: 500+ No. Apprentices: 1 No. Journeyworkers: 8 8. Ratio: 1:1:1
- DOT Code: O*NET CODE 51-4041.00 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 24.20 per hour 14. Effective Date of Wages: 8/26/2022

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 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"/>	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	12	12	12						
\$21.50	\$22.15	\$22.81	\$23.49						

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

17. Fred Judge
 Signature of Official Sponsor Representative
 Fred Judge - Plant Training Manager
 Print Name and Title

9/6/22
 Date

18. [Signature]
 Signature of Union Representative
 Craig Brown - Plant Human Resources Manager
 Print Name, Title, and Union Name

10/19/22
 Date

19. _____
 Signature New York State Department of Labor

 Date

DEC 12 2022

Apprenticeship Agreement

Please send to your regional DOL office:

276 Waring Rd, Rochester NY 14609

ASE

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 32-130A

Name of Apprentice (Last, First, M.I.)	Social Security Number	1. Name of Program Sponsor Corning, Inc. (Fairport)	
[Redacted]		Physical address of Program Sponsor (no. and street) 60 O'Connor Road	
		City	County State Zip code Fairport Monroe NY 14450
		Mailing address of Program Sponsor (no. and street) Same as above	
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Machinist (CNC)	
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) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Monroe Community College, Rochester, NY		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24.20
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
12	12	12	12						
\$21.50	\$22.15	\$22.81	\$23.49						

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

 Date 11/4/22 Signature of Official Sponsor Representative [Signature] Date 11/4/2022

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
To ATC <u>11/21/22</u>	<u>PC</u>
To DLEA	_____
Rank Verify	_____
Data Entry	_____

 Signature New York State Department of Labor _____ Date _____

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 _____

DEC 12 2022

Central Office

WE ARE YOUR DOL



Apprenticeship Training Program

Sponsor Code _____

Trade Code 32-130A

Related Instruction Availability

Trade: Machinist (CNC)

Sponsor Name: Corning, Inc. (Fairport)

Sponsor Representative: Fred Judge - Plant Training Manager

Sponsor Address:

No. & Street: 60 O'Connor Road City: Fairport

County: Monroe State: NY Zip Code: 14450

Sponsor Telephone No.: 585-388-3542

Proposed Number of Apprentices: 1

AT Office

Name: NYS DOL - Apprenticeship Training Unit

No. & Street: 276 Waring Road

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 7/18/22

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

School

Name: Monroe Community College *Pending New Trade Approval by NYS AT Council and NYSED.

No. & Street: 1000 East Henrietta Road

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Mike Smith - Program Director, Skilled Trades and Industrial Technology

Telephone No.: (585) 685-6172 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Signature of DLEA _____ Date Prepared: _____

DEC 12 2022

WE ARE YOUR DOL



Sponsor Code: _____
Trade Code: 32-130a

Central Office

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Corning, Inc. (Fairport)

Located at (Address) 60 O'Connor Road, Fairport, NY 14450

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Machinist (CNC)

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 High School Equivalency Diploma (such as TASC or GED).
Minimum Age: 18 yrs Minimum Education: _____

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

Applicant's verbal statement. Must be able to stand and/or sit for prolonged periods of time. May be subject to repeated squatting and bending. Must be able to lift and carry weights in excess of 50 lbs unassisted.

(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 take and pass an E-Verify (www.e-verify.gov) background check and a drug test at the expense of the sponsor at time of offer of employment. Must be an employee of the company for a minimum of 90 days, and have a positive performance review, prior to being enrolled as an apprentice.

Other: Must be US Citizen or legally able to work in the United States. Proof will be required, if applicable, after enrollment in apprenticeship program. Must be able to read, hear, and understand verbal instructions and warnings given in English. Must be able to read, write and understand English.

Other: Must have reliable transportation to and from work and required classes at the approved school. Must attend all required classes, at the approved school, as required to complete this apprenticeship program.

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

Name: Corning, Inc. (Fairport) Human Resources (HR) Office

Address: 60 O'Connor Road, Fairport, NY 14450

Days: Monday - Friday Times: 9:00am - 4:00pm

Phone: _____ Email: _____

Special Instructions:

Interested candidates should notify their Shift Supervisor before contacting HR office.

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: Machinist (CNC)

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

Only those checked apply.

Educational Achievement

- 2 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- 2 Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities
- 1 Points for Each Trade Related Adult or Continuing Education Course Completed
- Other: _____

	Maximum Points Allowable	Number of Years Credited	Score	
Total	20			Total
	8			
	8			
	4			

Work Experience

- 3 Points for Each Year of Trade Related Work Experience
- 1 Points for Each Year of Active Military Experience
- 1 Points for Each Year of General Work Experience
- Other: _____

Total	24			Total
	15			
	5			
	4			

Seniority

- 5 Points for Each Year of Employment with The Sponsoring Firm
- Other: _____

Total	20			Total
	20			

Job Aptitude

- Name of Aptitude Test: _____
- Administered by _____
- Other: _____

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

- 1-5 Ability to Communicate
- 1-5 Willingness to Accept Obligation of Apprenticeship
- 1-5 Ability to Reason and Comprehend
- 1-5 Interest and Motivation
- Other: _____
- Other: _____

Total	20			Total
	5			
	5			
	5			
	5			

Total Allowable Points →

84	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Corning, Inc. (Fairport)

Sponsor Address: 60 O'Connor Road, Fairport, NY 14450

WE ARE YOUR DOL

Received
Apprenticeship Unit

NYS Department of Labor
Apprentice Training



NOV 21 2022

www.labor.ny.gov

ROCHESTER

DEC 13 2022

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.

10/14/2022
Date

Craig Brown

Plant Human Resources Manager

Print Name and Title

Approved by:

New York State Department of Labor

Date

Sponsor Name Corning, Inc.

Sponsor Code _____

No. of Apprentices 2

Trade(s) POMT, Machinist (CNC), Toolmaker

Trade Code(s) 45-560, 32-130a, 31-229