

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 INCORPORATED Corning-Fairport Plant, USA 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)\*
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
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
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

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



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

Central Office **Apprentice Training Program Registration Agreement**

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	<b>31-229</b>
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: Toolmaker
- No. Employees: 50+ No. Apprentices: 1 No. Journeyworkers: 6 8. Ratio: 1:1:1
- DOT Code: O\*NET CODE 51-4111.00 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 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 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. Craig Brown  
 Signature of Union Representative  
 Craig Brown - Plant Human Resources Manager  
 Print Name, Title, and ~~Union Name~~

6/17/2022  
 Date

19. \_\_\_\_\_  
 Signature New York State Department of Labor

\_\_\_\_\_  
 Date



DEC 12 2022

ASE

Apprenticeship Agreement

Central Office

I. Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 31-229

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

\_\_\_\_\_  
Signature New York State Department of Labor Date \_\_\_\_\_

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

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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Sponsor Representative Date \_\_\_\_\_ Print Name \_\_\_\_\_

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

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_

Apprentice has not satisfied the RI requirements.

\_\_\_\_\_  
Signature of DLEA Representative Date \_\_\_\_\_ Print Name \_\_\_\_\_

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

DEC 12 2022

Central Office

**WE ARE YOUR DOL**



Apprenticeship Training Program

Sponsor Code \_\_\_\_\_

Trade Code 31-229

**Related Instruction Availability**

Trade: Toolmaker

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: \_\_\_\_\_

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**WE ARE YOUR DOL**



Department  
of Labor

Sponsor Code: \_\_\_\_\_

Trade Code: 31-229

Central Office

[www.labor.ny.gov](http://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) Toolmaker

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](http://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: Toolmaker

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	
<b>Total</b>	20			<b>Total</b>
	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: \_\_\_\_\_

<b>Total</b>	24			<b>Total</b>
	15			
	5			
	4			

**Seniority**

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

<b>Total</b>	20			<b>Total</b>
	20			

**Job Aptitude**

- Name of Aptitude Test: \_\_\_\_\_
- Administered by \_\_\_\_\_
- Other: \_\_\_\_\_

<b>Total</b>				<b>Total</b>

**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: \_\_\_\_\_

<b>Total</b>	20			<b>Total</b>
	5			
	5			
	5			
	5			

Total Allowable Points →

84	<b>Total Score →</b>	
----	----------------------	--

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/](http://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/](http://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.

12/14/2022  
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