



New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training JUL 12 2021

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

Curia, Inc. (GWC)

- A. Sponsor name: Albany Molecular Research, Inc. (AMRI)
B. Trade(s): Biology Laboratory Technician
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint
D. Name of entity completing this form: Albany Molecular Research, Inc. (AMRI) Curia, Inc. (GWC)
E. Entity completing this form (check one): Individual Employer/Sponsor
F. Mailing address: Street: The Conventus Building 1001 Main Street
G. Email: H. Phone: (716) 888-1200 I. Fax:
J. Federal Employer Identification Number (FEIN):
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?
M. Type of Entity (check one and provide attachments as noted in the instructions): Corporation
N. How many years has your organization been in business? 30 (5)
O. Within the past five (5) years, have you done business under a different name?
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?

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?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

\*\* 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.

*[Signature]* Signature of CEO, Chair, or representative granted legal authority to bind the Entity 06/18/2021 Date

Print name and title: Grant Carr, Site Lead - Buffalo

Sworn to me this: 10 day of June *[Signature]* Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only  
**Received**  
**Apprenticeship Unit**  
**JUN 21 2021**  
**ROCHESTER**  
 Field - Receipt Date Stamp

**BRANDY L. FIUMARA**  
 NOTARY PUBLIC, STATE OF NEW YORK  
 No. 01F16395474  
 QUALIFIED IN ERIE COUNTY  
 MY COMMISSION EXPIRES JULY 29, 2023

JUL 12 2021

Central Office

**WE ARE YOUR DOL**



www.labor.ny.gov

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: NEW PROGRAM

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

1. Name of Sponsor: Albany Molecular Research, Inc. (AMRI) Curia, Inc. (GWC)
2. Mailing Address: The Conventus Building 1001 Main Street Buffalo New York 14203 Erie  
 (number & street) (city) (state) (zip code) (county)
3. Actual Address: The Conventus Building 1001 Main Street Buffalo New York 14203 Erie  
 (number & street) (city) (state) (zip code) (county)
4. Telephone No.: 716-888-1203 Ext. \_\_\_\_\_ Fax No.: N/A
5. E-mail Address: \_\_\_\_\_
6. Trade/Occupation: Biology Laboratory Technician
7. No. Employees: 87 No. Apprentices: 0 No. Journeyworkers: 27 8. Ratio: 1:1:1
9. DOT Code: N/A 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
13. Minimum Journeyworker Rate: \$ 18.20 per hour 14. Effective Date of Wages: 6/10/2021

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 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"/>
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"/>
6	6	6	6						
\$15.00	\$15.80	\$16.50	\$17.40						

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

17. Grant Carr 6/16/2021 18. \_\_\_\_\_  
 Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Grant Carr, Site Head Buffalo \_\_\_\_\_  
 Print Name and Title Print Name, Title, and Union Name

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

Received  
Apprenticeship Unit

JUN 21 2021

ROCHESTER

NYS Department of Labor  
Apprentice Training

JUL 12 2021

Central Office

**WE ARE YOUR DOL**



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

Trade Code \_\_\_\_\_

**Related Instruction Availability**

Received  
Apprenticeship Unit

APR 2 2021

Trade: Biology Laboratory Technician

Sponsor Name: ~~Alkermes Molecular Research, Inc. (AMRI)~~ Curia, Inc. (GWC)

Sponsor Representative: Grant Carr **ROCHESTER**

Sponsor Address:

No. & Street: 1001 Main Street City: Buffalo

County: Erie State: New York Zip Code: 14203

Sponsor Telephone No.: (716) 888-1203

Proposed Number of Apprentices: 2-3

**AT Office**

Name: NYS Department of Labor-Buffalo Apprenticeship Office

No. & Street: 290 Main St - Mezz Level

City: Buffalo State: New York Zip Code: 14202

Apprentice Training Representative: [REDACTED] Date Prepared: 3/25/21

Related instruction is **not** available.

Related instruction **is** available at:

**School**

Name: Erie Community College

No. & Street: 121 Ellicott Street

City: Buffalo State: New York Zip Code: 14203

School Representative Contact Information:

Name: Mark Zelasko

Telephone No.: 716.270.2877 Email: [REDACTED]

NYS Department of Labor  
Apprentice Training

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**DLEA**

Name: [REDACTED]

No. & Street: 389 Virginia Street

City: Buffalo State: New York Zip Code: 14201

Signature of DLEA [REDACTED] Date Prepared: 3/25/21

JUL 12 2021

Central Office



New York State Department of Labor

**Apprentice Training Recruitment Notification and Minimum Qualifications**  
NYS Department of Labor  
Apprentice Training

JAN 15 2021

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

Central Office Curia, located at  
(Sponsor)  
1001 Main Street, Buffalo, New York 14203  
(Address)

is presently accepting applications for an estimated 3 apprentice training positions in  
(No. of Openings)

the occupation of Biology Laboratory Technician  
(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: High School Diploma or equivalent such as GED or TASC w/ a minimum score of 85 on Regents Mathematics and Science exam or a minimum score of 85 on a TASC or GED Mathematics and Science exam.

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

Pre-placement screenings (background check, drug screen, occupational health physical) are required, and will be completed after offer acceptance, and prior to enrollment in the apprenticeship. Pre-placements screenings are paid for by Curia.

(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:

Prior lab experience (academic or work-related) in the biological sciences is preferred.

Other:

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; and talk or hear. The employee frequently is required to reach with hands and arms. The employee is occasionally required to stand; walk; climb or balance; and stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, and ability to adjust focus.

Other:

Must be able to read, hear and understand verbal and written instructions in order to adhere to Standard Operating Procedures, Safety Protocols, Safety Data Sheets.

Application Forms May be Obtained From: \_\_\_\_\_ Dates: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name: careers.curiaglobal.com \_\_\_\_\_ Days: \_\_\_\_\_

Address: \_\_\_\_\_ Times: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Special Instructions:

|

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



Sponsor Code \_\_\_\_\_  
Trade Code(s) \_\_\_\_\_

**Selection Standards and Evaluations**

Name of Candidate	Trade Biology Laboratory Technician		
Address	City	State	Zip

		Maximum Points Allowable	Number of Years Credited	Score	
<b>Only those checked apply.</b>  <b>Educational Achievement</b> <input checked="" type="checkbox"/> 1 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 1 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 1 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	<b>Total</b>	12 4 4 4			<b>Total</b>
<b>Work Experience</b> <input checked="" type="checkbox"/> 1 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 1 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	<b>Total</b>	12 4 4 4			<b>Total</b>
<b>Seniority</b> <input checked="" type="checkbox"/> 1 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	<b>Total</b>	4 4			<b>Total</b>
<b>Job Aptitude</b> <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 _____	<b>Total</b>				<b>Total</b>
<b>Oral Interview: Not to Exceed 40% of Total Score</b> <input checked="" type="checkbox"/> 1 Ability to Communicate <input checked="" type="checkbox"/> 1 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>Total</b>	16 4 4 4 4			<b>Total</b>

NYS Department of Labor

Apprentice Training

**Total Allowable Points**



**44**

**Total Score →**

JAN 15 2021

Rank \_\_\_\_\_

Evaluated by Central Office Date \_\_\_\_\_  
(Name)

Sponsor Name Curia

Sponsor Address The Conventus Building 1001 Main Street Buffalo, NY 14203



Received Apprenticeship Unit

JUN 21 2021

Non-Discrimination Plan (Short Form)

ROCHESTER

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):

- [X] 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: Jill Spofford 6/10/21
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Jill Spofford Senior Director Talent + Organizational Performance
Print Name and Title

Approved by: \_\_\_\_\_ NYS Department of Labor Date

(GWC) Curia, Inc. Albany Molecular Research Inc. (AMRI) Sponsor Code \_\_\_\_\_ No. of Apprentices \_\_\_\_\_

Trade(s) Biology Laboratory Technician Trade Code(s) \_\_\_\_\_ NYS Department of Labor Apprentice Training

JUL 12 2021

Central Office