



New York State

Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

APR 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

A. Sponsor name: CVS Health Corporation

B. Trade(s): Pharmacy Technician

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: Same as above

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: 81 8th Avenue

City/Town: New York State: NY Zip Code: 10011

G. Email: [redacted] H. Phone: (917) 938-4745 I. Fax: (401) 269-4604

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? [X] Yes [] 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? 54

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:

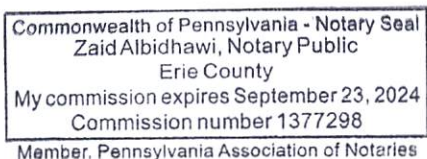
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

John White 02/01/2022
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: John White, Senior Advisor, Workforce Initiatives

Sworn to me this: 14th day of Feb 2022 *Zaid Albidhawi*
Signature of Notary Public or Commissioner of Deeds





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: CVS Health Corporation
- 2. Mailing Address: 81 8th Avenue New York New York 10011 Manhattan
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: SAME
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 917-938-4745 Ext. _____ Fax No.: 401-269-4604
- 5. E-mail Address: Joana.Lisboa@CVSHealth.com
- 6. Trade/Occupation: Pharmacy Technician
- 7. No. Employees: 18,872 No. Apprentices: _____ No. Journeyworkers: 519 8. Ratio: 1:1 1:1
- 9. DOT Code: _____ 10. Length of Program: _____ months
- 11. Apprentice Probationary Period: _____ 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ ^{See Attached} 15.15 per hr 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 type="checkbox"/>	M <input 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"/>
See	Attached	Letter							

\$15.00 \$15.15

- 16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- 17. John White 2/14/2021
Signature of Official Sponsor Representative Date
- John White Sr. Manager
Print Name and Title
- 18. _____
Signature of Union Representative Date
- _____
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

NYS Department of Labor
Apprentice Training
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Central Office

WE ARE YOUR DOL



Apprenticeship Training Program

Sponsor Code _____

Trade Code _____

Related Instruction Availability

Trade: Pharmacy Technician

Sponsor Name: CVS Health Corporation

Sponsor Representative: Joana Lisboa

Sponsor Address:

No. & Street: 81 8th Avenue City: New York

County: Manhattan State: NY Zip Code: 10011

Sponsor Telephone No.: 917-938-4745

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL Albany

No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [REDACTED] Date Prepared: _____

Related instruction is **not** available.

Related instruction is available at:

School

Name: Related instruction provided by CVS Health (sites can be provided upon request)

No. & Street: Sites across the state, different stores.

City: _____ State: NY Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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School

Name: _____

Central Office

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: _____

No. & Street: _____

City: _____ State: NY Zip Code: _____

Signature of DLEA _____ Date Prepared: _____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

CVS Health Corporation _____, located at

(Sponsor)

175 Broad Street Ste. 296 Glens Falls, NY 12801

(Address)

is presently accepting applications for an estimated TBD apprentice training positions in

(No. of Openings)

the occupation of Pharmacy 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 Preferred but not required

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

Be physically capable of performing the essential functions of the apprenticeship program, with or without a reasonable accommodation, and without posing a direct threat to the health and safety of the individual or others. Applicants will pass a background and drug screening before acceptance into the program and prior to being employed.

(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:

Previous experience and customer service skills preferred.

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Other:

Typing 25-30 words per minute/data entry, ability to read and basic math skills.

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Other:

Central Office

Application Forms May be Obtained From:

Dates: From: 11/10/2021 To: ongoing

Name: Joana Lisboa

Days: Monday through Friday

Address: 81 8th Avenue New York, NY 10011

Times: 9 am - 5 pm

Phone Number: (917) 938 - 4745

Email Address: [Redacted]

Special Instructions:

Please email first before calling.

All Applications Must be (please check) Received Postmarked no Later Than: N/A

See Attached LETTER

WE ARE YOUR DOL



Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate: _____ Trade: _____

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

Only those checked apply.

	Maximum Points Allowable	Number of Years Credited	Score
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 type="checkbox"/> Points for Each Year of Trade Related Work Experience			
<input type="checkbox"/> Points for Each Year of Active Military Experience			
<input type="checkbox"/> Points for Each Year of General Work Experience			
<input type="checkbox"/> Other: _____			
Seniority			
<input type="checkbox"/> Points for Each Year of Employment with The Sponsoring Firm			
<input type="checkbox"/> Other: _____			
Job Aptitude			
<input type="checkbox"/> Name of Aptitude Test: _____			
<input type="checkbox"/> Administered by: _____			
<input type="checkbox"/> Other: _____			
Oral Interview: Not to Exceed 40% of Total Score			
<input type="checkbox"/> Ability to Communicate			
<input type="checkbox"/> Willingness to Accept Obligation of Apprenticeship			
<input type="checkbox"/> Ability to Reason and Comprehend			
<input type="checkbox"/> Interest and Motivation			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Other: _____			

Total Allowable Points →

Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: CVS Health Corporation

Sponsor Address: 81 8th Avenue, New York, NY 10011

NYS Department of Labor
Apprentice Training



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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 (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: _____

John White

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

2/14/2022

Date

John White Senior Advisor, Workforce Initiatives

Print Name and Title

Approved by: _____

NYS Department of Labor

Date

Sponsor Name CVS Health Corporation Sponsor Code _____ No. of Apprentices _____

Trade(s) _____ Trade Code(s) _____