



NYSDOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions FEB 08 2024

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Exhibitions and Events Workforce Development Federation Inc
B. Trade(s): Coordinator (Trade Shows, Events, Conferences, Exhibitions, Meetings)
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
D. Name of entity completing this form: Exhibitions and Events Workforce Development Federation Inc
E. Entity completing this form (check one): [] Individual Employer/Sponsor [] Union [] JAC/JATC [X] Association
F. Mailing address: Street: 718 Walt Whitman Road #804
G. Email [REDACTED] H. Phone: (888) 713-2083 I. Fax: (888) 268-4025
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): [] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [X] Other
N. How many years has your organization been in business? 3
O. Within the past five (5) years, have you done business under a different name? [X] Yes [] 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:

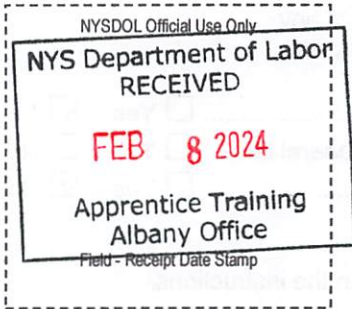
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

Jeffrey Hannah 1/18/2024
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Jeffrey Hannah, Board Member & Workforce Development Committee Chair

Sworn to me this: 18th day of January, 2024 *Laura Miller*
 Signature of Notary Public or Commissioner of Deeds



LAURA A MILLER
 Notary Public
 State of Ohio
 My Comm. Expires
 October 2, 2026

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Department
of Labor

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: Exhibitions and Events Workforce Development Federation Inc
2. Mailing Address: 718 Walt Whitman Rd.804 Melville NY 11747 Suffolk
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 734 Walt Whitman Rd 404 Melville NY 11747 Suffolk
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: (888) 713-2083 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Coorinator (Trade Shows, Events, Conferences, Exhibitions, Meetings)
7. No. Employees: 19 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1:1:1
9. DOT Code: _____ 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 22 per hour 14. Effective Date of Wages: 01/15/2024

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1000	1000	1000	1000						
	\$16/hr	\$17/hr	\$18/hr	\$19/hr						

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Central Office

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

17. Laura Palker 1-22-24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Laura Palker, President
Print Name and Title

Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date

Received
Hicksville, L.I.

JAN 05 2023

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

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Apprenticeship Training Program

Sponsor Code _____

Trade Code _____

Related Instruction Availability

Trade: Events Coordinator (Tradeshows, Conferences, Exhibitions)

Sponsor Name: Exhibitions and Events Workforce Development Federation

Sponsor Representative: Laura Palker

Sponsor Address:

No. & Street: 78 Horton Drive City: Huntington Station

County: Suffolk State: NY Zip Code: 11746

Sponsor Telephone No.: 888-713-2083

Proposed Number of Apprentices: 0

AT Office

Name: New York State Department of Labor - Apprenticeship Department

No. & Street: 303 W. Old Country Road, 2nd Floor

City: Hicksville State: NY Zip Code: 11801

Apprentice Training Representative: _____ Date Prepared: _____

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

School

Name: State Univeristy of New York - Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: France Armstrong

Telephone No.: 315-794-7670 Email: [REDACTED]

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School

Name: State Univeristy of New York - Fashion Institute of Technology Central Office

No. & Street: 236 West 27th Street - Storefront/A1000

City: New York State: NY Zip Code: 10001

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Susan Smyth - BOCES

No. & Street: Wilson Tech-Northport Campus, 152 Lauren Hill Road

City: Northport Zip Code: 11768

Signature of DLEA: [REDACTED] Date Prepared: 1/2/24



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Exhibitions and Events Workforce Development Federation Inc

Located at: (Address) 718 Walt Whitman Road #804 Melville, NY 11747

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Coordinator (Trade Shows, Events, Conferences, Exhibitions, Meetings)

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: 17 Minimum Education: Complete 10th Grade

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

- Must pass a physical examination, including a possible drug screening, paid by the sponsor, after selection and prior to enrollment. Must be able to climb and work on ladders and step-stools of various lengths and heights.
- Must be able to lift a min. of 50 lbs unassisted. Must be able to crawl and work in confined spaces.

(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 be a US citizen or legally able to work in the US. Must be able to write, read, hear and understand verbal and written English instructions and warnings.

Other: Must be able and willing to attend all related classroom training as required to complete classroom instruction programs. Must have a minimum proficiency in 7th grade Math.

Other: Must have a valid drivers license in order to operate company vehicles. Be able to work in conditions of extreme heat or cold, indoors or outdoors. Must be able to stand, and/or sit, for long periods of time.

NYS Department of Labor
Apprentice Training

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

FEB 08 2024

Name: Laura Palker

Address: 718 Walt Whitman Rd, Suite 804 Melville, NY 11747 Central Office

Days: Monday - Friday Times: 9:00 - 12:00

Phone: _____ Email: [REDACTED]

Special Instructions:
EMAIL ONLY

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

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Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Event Coordinator (Trade Shows, Confer
Address: _____ City: _____ State: _____ Zip: _____

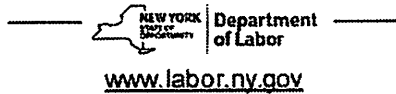
Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement		Total	30		Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Trade Related Adult or Continuing Education Course Completed	10			
<input type="checkbox"/> _____	Other: _____				
Work Experience		Total	24		Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Trade Related Work Experience	6			
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Active Military Experience	6			
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of General Work Experience	12			
<input type="checkbox"/> _____	Other: _____				
Seniority		Total	10		Total
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Employment with The Sponsoring Firm	10			
<input type="checkbox"/> _____	Other: _____				
Job Aptitude		Total			Total
<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		Total	36		Total
<input checked="" type="checkbox"/> <u>0-9</u>	Ability to Communicate	9			
<input checked="" type="checkbox"/> <u>0-9</u>	Willingness to Accept Obligation of Apprenticeship	9			
<input checked="" type="checkbox"/> <u>0-9</u>	Ability to Reason and Comprehend	9			
<input checked="" type="checkbox"/> <u>0-9</u>	Interest and Motivation	9			
<input type="checkbox"/> _____	Other: _____				
<input type="checkbox"/> _____	Other: _____				

Total Allowable Points →

100	Total Score →
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Evaluated by: _____ (Name) Date: _____ Rank _____
Sponsor Name: Exhibitions and Events Workforce Development Federation Inc. NYS Department of Labor Apprentices Training
Sponsor Address: 718 Walt Whitman Rd. #804, Melville, NY 11747 FEB 08 2024
Central Office

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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: *Laura Paiker* 1-22-24
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Laura Paiker Founder & President
Print Name and Title

Approved by: _____ Date _____
New York State Department of Labor

Sponsor Name Exhibitions and Events Workforce D Sponsor Code _____ No. of Apprentices 0

Trade(s) Coordinator (Trade Shows, Events, Conferences, I Trade Code(s) _____
NYS Department of Labor
Apprenticeship Training

FEB 03 2024