



NOV 20 2023

Central Office

New York State Registered Apprenticeship Training Program 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: Fiber Instrument Sales

B. Trade(s): Human Resources Associate (Time-Based)

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: Fiber Instrument Sales

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: 161 Clear Road City/Town: Oriskany State: NY Zip Code: 13424

G. Email: [redacted] H. Phone: (315) 736-2206 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? [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? 38 yrs (NYS Corp since 1988)

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? [x] Yes [ ] 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.

Ali Hodge \_\_\_\_\_ November 7, 2023  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date

Print name and title: Alison Hodge, VP Corporate Compliance / Corporate Counsel

Sworn to me this: 7 day of November \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

NYS Department of Labor  
 Apprenticeship Training  
 NOV 20 2023  
 Central Office  
 RICHARD W. LAMB, JR.  
 Notary Public in the State of New York  
 Qualified in Onondaga County 01LA4607144  
 My Commission Expires Feb. 28, 20 26

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Trade Application  
Change of Approach Application  
\_\_\_\_\_  
\_\_\_\_\_

State Use Only	
AT Sponsor No.	52286
ATP Code	
Effective Date of AT Program	

- Name of Sponsor: Fiber Instrument Sales
- Mailing Address: 161 Clear Road Oriskany NY 13424 Oneida  
(number & street) (city) (state) (zip code) (county)
- Actual Address: same as above  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 736-2206 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: [REDACTED]
- Trade/Occupation: Human Resources Associate (Time-Based)
- No. Employees: 220 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1,1:1
- DOT Code: \_\_\_\_\_ 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$31.25 per Hr 14. Effective Date of Wages: 12/31/2023

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						
30.25	30.50	30.75	31.00						

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

17. [Signature] 07 Nov 23  
Signature of Official Sponsor Representative Date  
Mark Cushman, VP of Organizational Development  
Print Name and Title

18. \_\_\_\_\_  
Signature of Union Representative Date  
\_\_\_\_\_  
Print Name, Title, and Union Name

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

NOV 20 2023



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

Apprenticeship Training Program

Central Office

**Related Instruction Availability**

Trade: Human Resources Associate (Time-Based)

Sponsor Name: Fiber Instrument Sales Inc.

Sponsor Representative: Mark Cushman

Sponsor Address:

No. & Street: 161 Clear Road City: Oriskany

County: Oneida State: NY Zip Code: 13424

Sponsor Telephone No.: (315) 736-2206 ext. 2162

Proposed Number of Apprentices: 1

**AT Office**

Name: DEWS Syracuse

No. & Street: 450 South Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 10/30/23

Related instruction is **not** available.

Related instruction is available at:

**School**

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Road

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Franca Armstrong

Telephone No.: \_\_\_\_\_ Email: [REDACTED]

**School**

Name: Fiber Instrument Sales

No. & Street: 161 Clear Road

City: Oriskany State: NY Zip Code: 13424

School Representative Contact Information:

Name: Mark Cushman

Telephone No.: (315) 736-2206 ext. 2162 Email: [REDACTED]

**DLEA**

Name: Brenda Wolak, Director of Adult and Continuing Education, Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA: [REDACTED] Date Prepared: 10/30/23



**Apprenticeship Agreement**

Central Office

**I. Apprenticeship Agreement**

Sponsor No. 52286

ATP Code \_\_\_\_\_

	1. Name of Program Sponsor <b>Fiber Instrument Sales</b>		
	Physical address of Program Sponsor (no. and street) <b>161 Clear Road</b>		
	City <b>Oriskany</b>	County <b>Oneida</b>	State Zip code <b>NY 13424</b>
	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>Human Resources Associate</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>24</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>6</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>MVCC, In House (FIS)</b>	RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$31.25/hr</b>	
8. Credit for previous training or experience: Months <b>11 mos</b> Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>Fiber Instrument Sales, Inc.</b>			

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
6	6	6	6						
30.25	30.50	30.75	31.00						

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

\_\_\_\_\_ 11/17/23 \_\_\_\_\_ 11/17/23  
 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

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

State Use Only		
Date	Init.	
To ATC	_____	_____
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

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.

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

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

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Sponsor Code: 52286

Trade Code: ~~94-5080~~

**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor: Fiber Instrument Sales Inc.

Located at: (Address) 161 Clear Road Oriskany, NY 13424

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

In the occupation of: (List Trade) Human Resources Associate

**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: 21 Minimum Education: Associates Degree or Higher

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

(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:

Other:


Other:

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Mark I. Cushman, VP Org. Dev.

Address: 161 Clear Road Oriskany, NY 13424

Days: Monday - Friday Times: 8:00am - 5:00pm

Phone: (315) 736-2206 Email: 

Special Instructions:

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



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Human Resources Associate

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>2</u>	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	25		
<input checked="" type="checkbox"/> <u>3</u>	Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	8		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Trade Related Adult or Continuing Education Course Completed	6		
<input type="checkbox"/> _____	Other: _____	11		
<b>Work Experience</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>5</u>	Points for Each Year of Trade Related Work Experience	25		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of Active Military Experience	10		
<input checked="" type="checkbox"/> <u>1</u>	Points for Each Year of General Work Experience	5		
<input type="checkbox"/> _____	Other: _____	10		
<b>Seniority</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>10</u>	Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/> _____	Other: _____	10		
<b>Job Aptitude</b>		<b>Total</b>		<b>Total</b>
<input type="checkbox"/> _____	Name of Aptitude Test: _____			
<input type="checkbox"/> _____	Administered by _____			
<input type="checkbox"/> _____	Other: _____			
<b>Oral Interview: Not to Exceed 40% of Total Score</b>		<b>Total</b>		<b>Total</b>
<input checked="" type="checkbox"/> <u>10</u>	Ability to Communicate	40		
<input checked="" type="checkbox"/> <u>10</u>	Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/> <u>10</u>	Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/> <u>10</u>	Interest and Motivation	10		
<input type="checkbox"/> _____	Other: _____			
<input type="checkbox"/> _____	Other: _____			

**RECEIVED**

NOV 27 2023  
Total Allowable Points →  
APPRENTICE TRAINING  
CENTRAL OFFICE

100    Total Score →

Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name)    Date: \_\_\_\_\_

Sponsor Name: Fiber Instrument Sales Inc.

Sponsor Address: 161 Clear Rd. Oriskany, NY 13424

NOV 20 2023



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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 (<https://newyork.usnlx.com>) 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 (<https://newyork.usnlx.com>).
- 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.

11/07/23

Date

Mark Cushman

Vice President of Organizational Development

Print Name and Title

Approved by: \_\_\_\_\_

New York State Department of Labor

Date

Sponsor Name Fiber Instrument Sales

Sponsor Code 52286

No. of Apprentices 1

Trade(s) Human Resources Associate (Time-Based)

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