



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

New York State
Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

JUN 21 2023

Central Office

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: FMC Corporation

B. Trade(s): Plant Maintenance - Millwright

C. Type of Apprenticeship Training Program (check one):

- 1. [ ] Individual Non-Joint 2. [X] 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: FMC Corporation

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: 100 Niagara St

City/Town: Middleport State: NY Zip Code: 14105

G. Email: [REDACTED] H. Phone: 7167356307 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? 140

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.

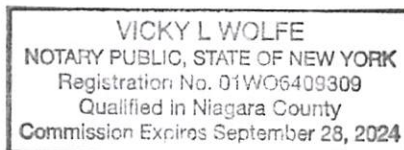
The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date 04/21/2023

Print name and title: Joshua D Walker Maintenance and Site Services Manager

Sworn to me this: 21<sup>ST</sup> day of April, 2023

Vicky L. Wolfe  
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor  
Apprentice Training  
JUN 21 2023  
Central Office



NYS DOL 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 JUN 21 2023

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Section I

- A. Sponsor name: FMC Corporation
B. Trade(s): Plant Maintenance - Millwright
C. Type of Apprenticeship Training Program (check one):
1. Individual Non-Joint 2. Individual Joint
D. Name of entity completing this form: IAMAW Local 1180
E. Entity completing this form (check one):
F. Mailing address: Street: 526 Scribner RD
G. Email: [Redacted] Phone: 716-471-0260
H. City/Town/Village: [Redacted] State: NY Zip Code: 14036
I. Fax: N/A
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
M. Type of Entity (check one and provide attachments as noted in the instructions): Other
N. How many years has your organization been in business? 80
O. Within the past five (5) years, have you done business under a different name? 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? 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? No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? No
3. Any grant of immunity for conduct constituting a crime under state or federal law? 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.**

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**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:

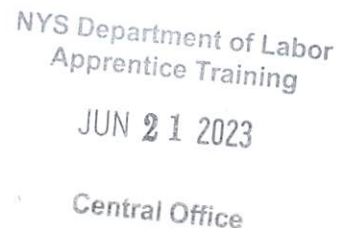
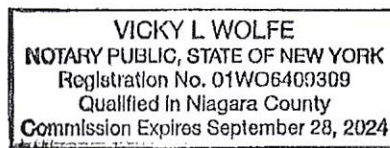
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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 of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date 02/07/2023

Print name and title: L.L. 1180 IAMAW Secretary Treasury

Sworn to me this: 7<sup>th</sup> day of February \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds Vicky L. Wolfe



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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<b>69-419</b>
Effective Date of AT Program	

- Name of Sponsor: FMC Corporation
- Mailing Address: 100 Niagara St Middleport NY 14105 Niagara  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 100 Niagara St Middleport NY 14105 Niagara  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 7167356307 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Plant Maintenance - Millwright
- No. Employees: 7000 No. Apprentices: 0 No. Journeyworkers: 7 8. Ratio: 1:1,1:1
- DOT Code: 638281-018 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 Months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 32.92 per Hour 14. Effective Date of Wages: 2/1/2023

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"/> 0-12	H <input type="checkbox"/> 12-24	H <input type="checkbox"/> 24-36	H <input type="checkbox"/> 36-48	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
70%	75%	80%	85%						

NYS Department of Labor  
Apprentice Training

JUN 21 2023

Central Office

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

- [Signature] 04/17/2023 18. [Signature] 04/17/2023  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Joshua Walker Maintenance and Site Services Manager Vikki Kazmierczak Chief Steward IAMA 65 Lodge 1180  
Print Name and Title Print Name, Title, and Union Name

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

Received  
Apprenticeship Unit

APR 26 2023

BUFFALO



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Department of Labor

Apprenticeship Training Program

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

Trade Code 69-419

**Related Instruction Availability**

Trade: Plant Maintenance-Millwright

Sponsor Name: FMC Corporation

Sponsor Representative: Joshua Walker

Sponsor Address: \_\_\_\_\_

No. & Street: 100 Niagara St. City: Middleport

County: Niagara State: NY Zip Code: 14105

Sponsor Telephone No.: \_\_\_\_\_

Proposed Number of Apprentices: \_\_\_\_\_

**AT Office**

Name: Western-Buffalo

No. & Street: 290 Main St. Mezzanine

City: Buffalo State: NY Zip Code: 14202

Apprentice Training Representative: [Redacted] Date Prepared: 5/19/23

Related instruction is **not** available.

Related instruction **is** available at:

**School**

Name: Eastern Millwright Regional Council Apprenticeship & Training Fund

No. & Street: 108 Metropolitan Park Drive

City: Liverpool State: NY Zip Code: 13088

School Representative Contact Information:

Name: Thomas Cole - Training Director

Telephone No.: 315-993-1120 Email: [Redacted]

**School**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: JUN 21 2023

School Representative Contact Information:

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

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

**DLEA**

Name: Clement Hutchinson

No. & Street: 606 6th St.

City: Niagara Falls State: NY Zip Code: 14301

Signature of DLEA: [Redacted] Date Prepared: 6/15/23

NYS Department of Labor  
Apprentice Training

Central Office

AT 8 (4/19)

Recd  
Apprentice

JUN 16 2023

ROCHESTER

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

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

Trade Code: 69-419

**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor: FMC Corporation

Located at: (Address) 100 Niagara St

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 2

In the occupation of: (List Trade) Plant Maintenance - Millwright

**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 equivalent (such as TASC or GED)

Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

**Lift 50 pounds and pass a physical examination administered by Pulse**

(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 an hourly union FMC Employee for a minimum of 90 days and in good standing**

Other:

Other:

NYS Department of Labor  
Apprentice Training

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Central Office

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

Name: Joshua Walker

Address: 100 Niagara st Middleport NY 14105

Days: Mon-Fri Times: 6AM-3PM

Phone: (716)735-6307 Email: [REDACTED]

Special Instructions:

**Book Must be signed in Donna's Office**

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

Received  
Apprenticeship Unit

APR 26 2023

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

Trade Code(s) 109-419

NYS Department of Labor  
Apprentice Training

JUN 21 2023

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Central Office**

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>					
<input checked="" type="checkbox"/>	<u>.5</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	14			Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Related Technical Education Past Grade <u>8</u> or Equivalent as Recognized by Local Educational Authorities	2			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	2			
<input type="checkbox"/>	Other: _____	10			
<input type="checkbox"/>	Other: _____				
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	20			Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Active Military Experience	10			
<input type="checkbox"/>	Points for Each Year of General Work Experience	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				
<b>Seniority</b>					
<input checked="" type="checkbox"/>	<u>.5</u> Points for Each Year of Employment with The Sponsoring Firm	6			Total
<input type="checkbox"/>	Other: _____	6			
<b>Job Aptitude</b>					
<input checked="" type="checkbox"/>	<u>1</u> Name of Aptitude Test: <u>Ramsey Mechanical Aptitude</u> Administered by <u>Maintenance Manager</u>	65			Total
<input type="checkbox"/>	Other: _____	65			
<b>Oral Interview: Not to Exceed 40% of Total Score</b>					
<input checked="" type="checkbox"/>	<u>10</u> Ability to Communicate	40			Total
<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: _____				

Total Allowable Points →

145	Total Score →	
-----	---------------	--

Rank \_\_\_\_\_

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

Sponsor Name: FMC Corporation

Sponsor Address: 100 Niagara St. Middleport, NY 14105

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Apprenticeship Unit

APR 26 2023



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Department of Labor

www.labor.ny.gov

NYS Department of Labor  
Apprentice Training

JUN 21 2023

Central Office

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: Katie McFadden 01/23/2023  
Date

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

Katie McFadden Plant Manager  
Print Name and Title

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
New York State Department of Labor

Sponsor Name FMC Corporation Sponsor Code \_\_\_\_\_ No. of Apprentices 0

Trade(s) Plant Maintenance - Millwright Trade Code(s) 69-419

AT 602 (12/21)

Received  
Apprenticeship Unit

APR 26 2023

BUFFALO