



SPONSOR COPY

New York State

Registered Apprenticeship Training Program

NYS Department of Labor  
Apprentice Training

Sponsor Information Sheet and Instructions

APR 17 2024

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: General Mills Operations, LLC (Flour Division)

B. Trade(s): Packer Mechanic, Plant Maintenance Electrician, Maintenance Mechanic (Automatic Equipment)

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

- 1. 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: General Mills

E. Entity completing this form (check one):

- 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: 54 SOUTH MICHIGAN AVE.

City/Town: BUFFALO State: NY Zip Code: 14203

G. Email: [Redacted] H. Phone: (716) 857-3736 I. Fax:

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 No

M. Type of Entity (check one and provide attachments as noted in the instructions):

- Corporation Partnership Sole-Proprietor LLC LLP Other

N. How many years has your organization been in business? 121 YEARS

O. Within the past five (5) years, have you done business under a different name? 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 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 No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? Yes No
3. Any grant of immunity for conduct constituting a crime under state or federal law? Yes 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.

Michael Warren 3/18/24  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: MICHAEL WARREN LEARNING LEADER

Sworn to me this: 18 day of March 2024  
Diane Cameron  
 Signature of Notary Public or Commissioner of Deeds



DIANE E. CAMERON  
 No. 01CA4927858  
 Notary Public, State of New York  
 Qualified in Erie County  
 My Commission Expires April 18, 2026





NYS DOL Use Only: Sponsor No. 72515
New Program [checked] Reactivation [checked] Revision [ ] Recertification [ ]

UNION COPY

New York State
Registered Apprenticeship Training Program

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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: BCTGM Local 36G
E. Entity completing this form (check one):
F. Mailing address: Street: 3218 Lakeshore Rd Suite 202
City/Town: Buffalo State: NY Zip Code: 14219
G. Email: H. Phone: (716) 852-3663 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):
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O. Within the past five (5) years, have you done business under a different name?
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Scott Baer \_\_\_\_\_ 2/20/2024  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: SCOTT BAER BUSINESS REPRESENTATIVE

Sworn to me this: 19 day of MARCH 2024  
 Signature of Notary Public or Commissioner of Deeds



DIANE E. CAMERON  
 No. 01CA4927858  
 Notary Public, State of New York  
 Qualified in Erie County  
 My Commission Expires April 18, 2025



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Department  
of Labor

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

## Apprentice Training Program Registration Agreement

Revision

Nature of Change: Trade Reinstatement  
\_\_\_\_\_  
\_\_\_\_\_

State Use Only
AT Sponsor No. <u>72515</u>
ATP Code <u>56-320</u>
Effective Date of AT Program

1. Name of Sponsor: General Mills Operations, LLC (Flour Division)  
 2. Mailing Address: 54 S. Michigan Ave Buffalo NY 14203 Erie  
(number & street) (city) (state) (zip code) (county)  
 3. Actual Address: same  
(number & street) (city) (state) (zip code) (county)  
 4. Telephone No.: (716) 857-3736 Ext. \_\_\_\_\_ Fax No.: (716) 857-3526  
 5. E-mail Address: \_\_\_\_\_

6. Trade/Occupation: Maintenance Mechanic (Automatic Equipment)

7. No. Employees: 72 No. Apprentices: 20 No. Journeyworkers: 6 8. Ratio: 1:1:1

9. DOT Code: 829.261-018 10. Length of Program: 48 months

11. Apprentice Probationary Period: 12 months 12. Work process: Standard  or Revised

13. Minimum Journeyworker Rate: \$ 30.70 per HOURLY 14. Effective Date of Wages: 4/24/2023

15. Apprentice wage progression for each period – in months (M) or hours (H)

	1	2	3	4	5	6	7	8	9	10
Months (check):	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"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" 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"/>
No. of Months/Hours:	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>						
Wage rate: or, percentage of the journeyworker rate:	<u>\$22.74</u>	<u>\$22.84</u>	<u>\$23.24</u>	<u>\$23.88</u>						

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

17. Michael Warren 2/16/24  
 Signature of Official Sponsor Representative Date  
MICHAEL WARREN - LEARNING LEADER  
 Print Name and Title

18. Adam Gioia 2/16/24  
 Signature of Union Representative Date  
ADAM GIOIA EXECUTIVE STEWARD BCTGM  
 Print Name, Title, and Union Name

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



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Sponsor Code 72515  
Trade Code 56-483, 67-372  
56-320

**Related Instruction Availability**

Trade: Packer Mechanic, Plant Maintenance - Electrician, Maintenance Mechanic (Automatic Equipment)

Sponsor Name: General Mills Operations, LLC (Flour Division)

Sponsor Representative: Mike Warren

Sponsor Address:

No. & Street: 54 S. Michigan Ave City: Buffalo

County: Erie State: NY Zip Code: 14203

Sponsor Telephone No.: 716-851-3736

Proposed Number of Apprentices: 4

**AT Office**

Name: Western - Buffalo

No. & Street: 290 Main St

City: Buffalo State: NY Zip Code: 14202

Apprentice Training Representative: Ryan Cox Date Prepared: 5/30/23

Related instruction is not available.

Related instruction is available at:

**School**

Name: Amatrol - www.amatrol.com/about-us

No. & Street: 2400 Centennial Blvd.

City: Jeffersonville State: IN Zip Code: 47130

**School Representative Contact Information:**

Name: Mark Goodman

Telephone No.: 1-800-264-8285 Email: \_\_\_\_\_

**School**

Name: Erie 1 BOCES

No. & Street: 1526 Walden Avenue

City: Cheektowaga State: NY Zip Code: 14225

**School Representative Contact Information:**

Name: Christa McHale

Telephone No.: (716) 821 - 7384 Email: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

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**DLEA**

Name: Marcia Johnson Central Office

No. & Street: 389 Virginia Street

City: Buffalo State: NY Zip Code: 14201

Signature of DLEA: \_\_\_\_\_ Date Prepared: 4/23/24



**WE ARE YOUR DOL**



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56-320

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No. & Street: 290 Main St  
City: Buffalo State: NY Zip Code: 14202  
Apprentice Training Representative: Ryan Cox Date Prepared: 5/30/23

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

**School**

Name: Erie Community College  
No. & Street: 6205 Main St  
City: Williamsville State: NY Zip Code: 14221


**School Representative Contact Information:**

Name: John Slisz  
Telephone No.: (716) 851-1322 Email: \_\_\_\_\_  
NYS Department of Labor  
Apprentice Training

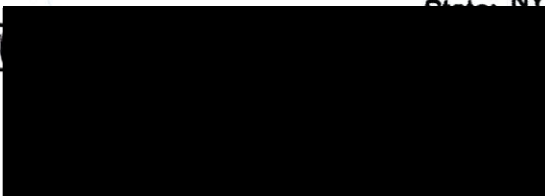
**School**

Name: ARC Training & Consultation Services - www.arctraining4u.com  
No. & Street: 2756 Transit Road Central Office  
City: West Seneca State: NY Zip Code: 14224

**School Representative Contact Information:**

Name: Chuck Geiser  
Telephone No.: 716-674-4272 Email: 

**DLEA**

Name: Marcia Johnson  
No. & Street: 389 Virginia Street  
City: Buffalo State: NY Zip Code: 14201  
Signature of DLEA  Date Prepared: 4/23/24

APR 17 2024





Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: General Mills Operations, LLC (Flour Division)

Located at: (Address) 54 S. Michigan Ave, Buffalo, NY 14203

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

In the occupation of: (List Trade) Maintenance Mechanic (Automatic Equipment)

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 GED

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: Must be a current Employee of General Mills.

Other: Eligible applicants who signed the apprenticeship bid will be placed on a "Ranking List" according to their plant seniority, with the applicant having the highest plant seniority being at the top of the list.

Other: The selected applicant, who is interested in the apprenticeship position, will be given the Bennett Mechanical Comprehension Test (MCMT-II) The selected applicant must achieve a score in the 30th percentile or higher to pass the BCMT-II

NYS Department of Labor Apprenticeship Training

APR 17 2024

Application forms may be obtained: From: To:

Central Office

Name: General Mills Inc.

Address: 54 S. Michigan Ave. Buffalo, NY 14203

Days: Times:

Phone: (716) 857-3736 Email:

Special Instructions:

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

### Selection Standards and Evaluations

Name of Candidate: \_\_\_\_\_ Trade: Maintenance Mechanic (Automatic Equipment)

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

<p><b>Only those checked apply.</b></p> <p><b>Educational Achievement</b></p> <p><input type="checkbox"/> _____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities</p> <p><input type="checkbox"/> _____ Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities</p> <p><input type="checkbox"/> _____ Points for Each Trade Related Adult or Continuing Education Course Completed</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;">Maximum Points Allowable</th> <th style="width:20%;">Number of Years Credited</th> <th style="width:20%;">Score</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		<b>Total</b>				<b>Total</b>																				
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<b>Total</b>				<b>Total</b>																											
<p><b>Work Experience</b></p> <p><input type="checkbox"/> _____ Points for Each Year of Trade Related Work Experience</p> <p><input type="checkbox"/> _____ Points for Each Year of Active Military Experience</p> <p><input type="checkbox"/> _____ Points for Each Year of General Work Experience</p> <p><input type="checkbox"/> _____ Other : _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	<b>Total</b>				<b>Total</b>																									
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<p><b>Seniority</b></p> <p><input type="checkbox"/> _____ Points for Each Year of Employment with The Sponsoring Firm</p> <p><input checked="" type="checkbox"/> _____ Other: <u>Qualified applicants will be selected by Seniority</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	<b>Total</b>				<b>Total</b>																									
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<p><b>Job Aptitude</b></p> <p><input type="checkbox"/> _____ Name of Aptitude Test: _____</p> <p>Administered by _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	<b>Total</b>				<b>Total</b>																									
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<p><b>Oral Interview: Not to Exceed 40% of Total Score</b></p> <p><input type="checkbox"/> _____ Ability to Communicate</p> <p><input type="checkbox"/> _____ Willingness to Accept Obligation of Apprenticeship</p> <p><input type="checkbox"/> _____ Ability to Reason and Comprehend</p> <p><input type="checkbox"/> _____ Interest and Motivation</p> <p><input type="checkbox"/> _____ Other: _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	<b>Total</b>				<b>Total</b>																									
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Total Allowable Points →

	<b>Total Score →</b>	
--	----------------------	--

Rank \_\_\_\_\_

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

NYS Department of Labor  
Apprentice Training

Sponsor Name: General Mills Operations, LLC (Flour Division)

APR 17 2024

Sponsor Address: 54 S. Michigan Ave, Buffalo, NY 14203



# WE ARE YOUR DOL



Department  
of Labor

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

## 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: \_\_\_\_\_

*Michael Warren*

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

*2/16/24*

Date

Michael Warren

Training Manager

Print Name and Title

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

New York State Department of Labor

Date

Sponsor Name General Mills (Flour Division)

Sponsor Code 72515

No. of Apprentices 4

Trade(s) Packer Mechanic, Plant Maintenance Electrician

Trade Code(s) 67-372, 56-483, 56-320

Maintenance Mechanic (Automatic Equipment)

AT 602 (12/21)

NYS Department of Labor  
Apprentice Training

APR 17 2024

Central Office