



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

DEC 15 2022

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: Ginsberg's Foods
B. Trade(s): TRUCK DRIVER, HEAVY
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: Ginsberg's Foods
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: PO Box 17, Rt 66
City/Town: Hudson State: NY Zip Code: 12534
G. Email: [redacted] H. Phone: (518) 828-4004 I. Fax: (518) 828-0996
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? 113
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 11/10/2022

Print name and title: John Brusie - President / COO

Sworn to me this: 10th day of November, 2022

Signature of Notary Public or Commissioner of Deeds _____
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Suzanne K Rajczi
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RA6189506
Qualified in Dutchess County
Commission Expires June 30th 2024

Field - Receipt Date Stamp

NYS Department of Labor
Apprentice Training

DEC 15 2022

Central Office

WE ARE YOUR DOL



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	51-577
Effective Date of AT Program	

- Name of Sponsor: Ginsberg's Foods
- Mailing Address: PO Box 17, Rt 66 Hudson NY 12534 Columbia
(number & street) (city) (state) (zip code) (county)
- Actual Address: 29 Ginsbergs Lane Hudson NY 12534 Columbia
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 518-828-4004 Ext. 3331 Fax No.: 518-828-0996
- E-mail Address: [REDACTED]
- Trade/Occupation: TRUCK DRIVER, HEAVY
- No. Employees: 250 No. Apprentices: 22 No. Journeyworkers: 22 8. Ratio: 1:1; 1:1
- DOT Code: 53-3032.00 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 24.00 per hr 14. Effective Date of Wages: 9/5/21

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 type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
<small>6-6 mnt</small>	<small>6-12 mnt</small>	<small>12-12 mnt</small>	<small>24-12 mnt</small>						
\$20	\$24								

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

17. [Signature] 11/10/2022 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Erik Larsen - VP of Operations
Michael Card, Director of Transportation

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

DEC 15 2022

Central Office

DEC 15 2022



Sponsor Code _____

Trade Code 51-577

Apprenticeship Training Program

Central Office

Related Instruction Availability

Trade: TRUCK DRIVER, HEAVY

Sponsor Name: Ginsberg's Foods

Sponsor Representative: Erik Larsen

Sponsor Address:

No. & Street: 29 Ginsbergs Lane City: Hudson

County: Columbia State: NY Zip Code: 12534

Sponsor Telephone No.: 518-828-4004

Proposed Number of Apprentices: 6

AT Office

Name: NYS DOL Albany

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

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [REDACTED] Date Prepared: 3/25/19

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

School

Name: Ginsberg's Foods

No. & Street: 29 Ginsbergs Lane

City: Hudson State: NY Zip Code: 12534

School Representative Contact Information:

Name: Michael Card Telephone No.: 518-828-4004 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

DLEA

Name: Christie Davis

No. & Street: 2805 State Highway 67,

City: Johnstown State: NY Zip Code: 12095

Signature of DLEA [REDACTED] Date Prepared: 12/2/22



DEC 15 2022

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code

51-577

Name of Apprentice (Last, First, M.I.) [Redacted]	Social Security Number		1. Name of Program Sponsor Ginsberg's Foods						
	Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane								
	City	County	State	Zip code					
	Hudson	Columbia	NY	12534					
	Mailing address of Program Sponsor (no. and street) PO Box 17								
					City	County	State	Zip code	
					Hudson	Columbia	NY	12534	
					2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid Truck Driver, Heavy				
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3				
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg's Food Hudson NY				RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$24/hr			
8. Credit for previous training or experience: N/A Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____									

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
0-6	7-12								
18.00	20.00								

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

12/02/2022
Date

[Signature]
Signature of Official Sponsor Representative

12/21/22
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 _____

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

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	_____	_____

DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

Name of Apprentice (Last, First, MI) [Redacted]	Central Office Social Security Number		1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
			Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City	County	State	Zip code	
	<u>Hudson</u>	<u>Columbia</u>	<u>NY</u>	<u>12534</u>	
	Mailing address of Program Sponsor (no. and street) <u>P.O. Box 17</u>				
		City	County	State	Zip code
		<u>Hudson</u>	<u>Columbia</u>	<u>NY</u>	<u>12534</u>
		2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate <u>\$ 24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
<u>0-6</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								

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

[Redacted] 12, 15, 22 Date Signature of Official Sponsor Representative [Signature] 12, 21, 22 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	
Date	Init.
To ATC _____	_____
To DLEA _____	_____
Data Entry _____	_____

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 _____	_____



DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

Name of Apprentice (Last, First, M.I.) [Redacted]	Social Security Number	1. Name of Program Sponsor <u>Ginsberg's Foods</u>			
		Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
		Mailing address of Program Sponsor (no. and street) <u>Po Box 17</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
		2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months)	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate <u>\$ 24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
<u>0-6</u>	<u>7-12</u>								
<u>\$18.00</u>	<u>20.00</u>						<u>1 hr</u>		

The _____ and the Apprentice Agree to the Terms on Page 2 of this Form.
 _____ Date 12/15/22 Signature of Official Sponsor Representative _____ Date 12/12/22

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 _____

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

 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.

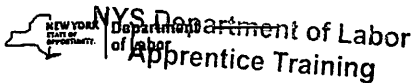
STATE USE ONLY

III. RI Completion
 Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

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

 Signature of DLEA Representative Date _____ Print Name _____

WE ARE YOUR DOL



Apprenticeship Agreement

DEC 15 2022

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code 51-577

Name of Apprentice (Last, First, MI) [Redacted]	Social Security Number [Redacted]	1. Name of Program Sponsor Ginsberg's Foods			
		Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane			
		City Hudson	County Columbia	State NY	Zip code 12534
		Mailing address of Program Sponsor (no. and street) PO Box 17			
		City Hudson	County Columbia	State NY	Zip code 12534
		2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid			
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg's Food Hudson NY			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24/hr	
8. Credit for previous training or experience: NA Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
0-6	7-12								
\$18.00	\$20.00								

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

_____ Date 12/5/22 Guardian if age 16-17
 _____ Signature of Official Sponsor Representative Date 12/2/22

Registered by the New York State Department of Labor:

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 _____

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

_____ Date _____ Signature of Official Sponsor Representative
 _____ 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.

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

_____ Date _____ Signature of DLEA Representative
 _____ Print Name



DEC 15 2022

Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

I. Apprenticeship Agreement

Name of Apprentice (Last, First, MI) <u>[Redacted]</u>	Social Security Number <u>[Redacted]</u>	1. Name of Program Sponsor <u>Ginsberg's Foods</u>			
		Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
		Mailing address of Program Sponsor (no. and street) <u>Po Box 17</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
		2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
<u>0-6</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								

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

Signature of Apprentice and Parent/Guardian if age 16-17 [Redacted] Date 12/5/22 Signature of Official Sponsor Representative [Signature] Date 12/2/22

Registered by the New York State Department of Labor:

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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

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

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.

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

Signature of DLEA Representative _____ Date _____ Print Name _____



DEC 15 2022

Apprenticeship Agreement

Please send to your regional DOL office.

51-577

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code _____

Name of Apprentice (Last, First, MI) [Redacted]	Social Security Number [Redacted]	1. Name of Program Sponsor Ginsberg's Foods			
		Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane			
		City Hudson	County Columbia	State NY	Zip code 12534
		Mailing address of Program Sponsor (no. and street) PO Box 17			
		City Hudson	County Columbia	State NY	Zip code 12534
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid Truck Driver, Heavy					
3. Start Date		4. Length of program (Months) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3		
		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24/hr		
8. Credit for previous training or experience: NA Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):					

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
0-6	7-12								
18.00	20.00								

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

_____ 12, 5, 2022 _____ 12, 21, 20
 _____ 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 _____

_____ Date _____ Print Name
 THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

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

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

_____ Date _____ Print Name
 STATE USE ONLY

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

DEC 15 2022 Apprenticeship Agreement

Please send to your regional DOL office.

I. Apprenticeship Agreement **Central Office** Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u> Zip code <u>12534</u>
	Mailing address of Program Sponsor (no. and street) <u>Po Box 17</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u> Zip code <u>12534</u>
	2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>		
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>NA</u>	RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
<u>0-6</u>	<u>7-12</u>								
<u>\$18.00</u>	<u>\$20.00</u>								

_____ and the Apprentice Agree to the Terms on Page 2 of this Form.
 _____ 17 Date 12/15/22 Signature of Official Sponsor Representative _____ Date 12/2/22

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 _____

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

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

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	_____	_____



DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

1. Name of Program Sponsor
Ginsberg's Foods

Physical address of Program Sponsor (no. and street)
29 Ginsberg Lane

City Hudson County Columbia State NY Zip code 12534

Mailing address of Program Sponsor (no. and street)
Po Box 17

City Hudson County Columbia State NY Zip code 12534

2. Trade: Time-based Competency-based Hybrid
Truck Driver, Heavy

3. Start Date _____ 4. Length of program (Months) 12 5. DOL Apprentice Probation Period for Completion Rates (Months) 3

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
Ginsberg's Food Hudson NY

RI Compensated Yes No

7. Minimum Journey-Worker Rate
\$24/hr

8. Credit for previous training or experience: NA Months _____ Points _____ Sections _____

Reinstatement Vocational Education Transfer Previous Experience (Employer name): _____

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
Trainee - Helper \$18/hr	Trainee - Non-COL \$20/hr								

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

 _____ if age 16-17 Date 12, 02, 2022 Signature of Official Sponsor Representative _____ Date 12, 2, 22

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 _____

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

 _____ 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.

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

 _____ Signature of DLEA Representative _____ Date _____ Print Name _____



DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office

Sponsor No. _____

ATP Code

51-577

	1. Name of Program Sponsor Ginsberg's Foods		
	Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane		
	City Hudson	County Columbia	State NY
	Zip code 12534		
	Mailing address of Program Sponsor (no. and street) Po Box 17		
City Hudson			
County Columbia			
State NY			
Zip code 12534			
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid Truck Driver, Heavy			
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg's Food Hudson NY	RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24/hr	
8. Credit for previous training or experience: NA Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
0-6	7-12								
\$18	\$20.00								

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

 _____ if age 16-17 Date **12/2/22** Signature of Official Sponsor Representative _____ Date **1/1**

Registered by the New York State Department of Labor:

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

 Signature New York State Department of Labor Date _____

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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____
 Comments _____

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

 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.

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

 Signature of DLEA Representative Date _____ Print Name _____



DEC 15 2022

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code

51-577

	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>
	Zip code <u>12534</u>		
	Mailing address of Program Sponsor (no. and street) <u>PO Box 17</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>
Zip code <u>12534</u>			
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
<u>6-6</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								<u>\$22/hr</u>

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

 _____ 12/2/22 Date
 _____ Signature of Official Sponsor Representative 12/2/22 Date

Registered by the New York State Department of Labor:

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

Signature New York State Department of Labor

Date

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 Quit Layoff Program Termination Transfer

Completion or Termination Date _____

Comments _____

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

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.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

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

Signature of DLEA Representative

Date

Print Name



DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement Central Office Sponsor No. _____ ATP Code SI-577

Name of Apprentice (Last, First, M.I.) [Redacted]	Social Security Number [Redacted]	1. Name of Program Sponsor <u>Ginsberg's Foods</u>			
		Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
		Mailing address of Program Sponsor (no. and street) <u>PO Box 17</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>					
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
<u>10-6</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								

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

 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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____
 Comments _____

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

 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.

III. RI Completion
 Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

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

 Signature of DLEA Representative _____ Date _____ Print Name _____



DEC 15 2022

Apprenticeship Agreement

I. Apprenticeship Agreement Central Office

Sponsor No. _____ ATP Code 51-577

Name of Apprentice (Last, First, M.I.) Social Security Number	1. Name of Program Sponsor <u>Ginsberg's Foods</u>				
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>				
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>		
	Zip code <u>12534</u>				
	Mailing address of Program Sponsor (no. and street) <u>PO Box 17</u>				
City <u>Hudson</u>			County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>					
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>				RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
<u>0-6</u>	<u>7-12</u>								
<u>\$18.00</u>	<u>\$20.00</u>								

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

 Date 12/2/22 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 _____

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

 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.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

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

 Signature of DLEA Representative _____ Date _____ Print Name _____

DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>
	Zip code <u>12534</u>		
	Mailing address of Program Sponsor (no. and street) <u>Po Box 17</u>		
City <u>Hudson</u>			
County <u>Columbia</u>			
State <u>NY</u>			
Zip code <u>12534</u>			
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
<u>0-4</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								

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

 Date _____ Signature of Official Sponsor Representative _____ Date 12/21/2022

Registered by the New York State Department of Labor:

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 _____

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

 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.

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

 Signature of DLEA Representative _____ Date _____ Print Name _____



DEC 15 2022

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code

SI-577

Name of Apprentice (Last, First, M.I.) [Redacted]	Social Security Number		1. Name of Program Sponsor Ginsberg's Foods			
	Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane					
	City	County	State	Zip code		
	Hudson	Columbia	NY	12534		
	Mailing address of Program Sponsor (no. and street) Po Box 17					
	City	County	State	Zip code		
Hudson	Columbia	NY	12534			
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid			Truck Driver, Heavy			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Start Date	4. Length of program (Months) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3		
If "Yes," Trade _____ State _____		6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg Foods		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24/hr	
8. Credit for previous training or experience: N/A Months _____ Points _____ Sections _____						
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____						

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
10-6	7-12								
18.00	20.00								

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

Signature of Apprentice and Parent/Guardian if age 16-17 _____ Date 12/12/22

Signature of Official Sponsor Representative _____ Date 1/1

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____ Date 1/1

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		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

STATE USE ONLY

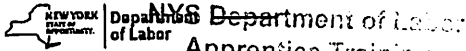
III. RI Completion

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	_____	_____



Department of Labor Apprenticeship Agreement

DEC 15 2022

Sponsor No. _____

ATP Code 51-577

I. Apprenticeship Agreement

Name of Apprentice (Last, First, MI) [Redacted]	Social Security Number [Redacted]	1. Name of Program Sponsor Ginsberg's Foods			
		Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane			
		City Hudson	County Columbia	State NY	Zip code 12534
		Mailing address of Program Sponsor (no. and street) Po Box 17			
		City Hudson	County Columbia	State NY	Zip code 12534
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid Truck Driver / Heavy		3. Start Date		4. Length of program (Months) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg's Food Hudson NY		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$24/hr	
8. Credit for previous training or experience: NA Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):					

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
0-6	7-12								
\$18.00	\$20.00								

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

Registered by the New York State Department of Labor:

Date 12/2/22

Signature of Official Sponsor Representative Date 12/2/22

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 _____

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

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	_____	_____



Apprenticeship Agreement

DEC 15 2022

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

Name of Apprentice (Last, First, M.I.) [Redacted]	Social Security Number [Redacted]	1. Name of Program Sponsor <u>Ginsberg's Foods</u>			
		Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
		Mailing address of Program Sponsor (no. and street) <u>PO Box 17</u>			
		City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>	Zip code <u>12534</u>
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>					
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Food Hudson NY</u>			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					

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
<u>0-6</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								

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

Signature: _____ Date: 12/2/2022 Signature of Official Sponsor Representative: _____ Date: 12/2/27

Registered by the New York State Department of Labor:

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

Signature New York State Department of Labor

Date

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 _____

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

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	_____	_____

DEC 15 2022 Apprenticeship Agreement

Please refer to your regional DOL office.

I. Apprenticeship Agreement Sponsor No. _____ ATP Code 51-577

Name of Apprentice (Last, First, Middle Initial) _____ Social Security Number _____	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u>
	Zip code <u>12534</u>		
	Mailing address of Program Sponsor (no. and street) <u>Po Box 17</u>		
	City <u>Hudson</u>		
County <u>Columbia</u>			
State <u>NY</u>			
Zip code <u>12534</u>			
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentices Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) _____	RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>	
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

9. Apprentices Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
<u>18.00</u>	<u>20.00</u>								

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

Signature of Apprentice and Parent/Guardian if age 16-17 _____ Date 12/2/22
 Signature of Official Sponsor Representative _____ Date 12/2/22

Registered by the New York State Department of Labor:

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

Signature New York State Department of Labor _____ Date _____

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 (Lack of Work) 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		
Date	Init.	
To ATC _____	_____	_____
To DLEA _____	_____	_____
Data Entry _____	_____	_____

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 _____	_____	_____

DEC 15 2022

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State Zip code <u>NY 12534</u>
	Mailing address of Program Sponsor (no. and street) <u>PO Box 17</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State Zip code <u>NY 12534</u>
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>True K Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Foods Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

9. Apprenticeship Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
<u>0-6</u>	<u>7-12</u>		<u>CM</u>						
<u>\$18/hr</u>	<u>20.00</u>		<u>\$21.11</u>						

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

Signature of Apprentice and Parent/Guardian if age 16-17

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 _____

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

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.

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	_____	_____

DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State Zip code <u>NY 12534</u>
	Mailing address of Program Sponsor (no. and street) <u>PO Box 17</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State Zip code <u>NY 12534</u>
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>			
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Foods Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
<u>0-6</u>	<u>7-12</u>								
<u>18.00</u>	<u>20.00</u>								

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

Signature of Apprentice and Parent/Guardian if age 16-17 _____ Date 12/2/22
 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 _____

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

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	_____	_____

DEC 15 2022 Apprenticeship Agreement

Please send to your regional DOL office.

51-577

I. Apprenticeship Agreement Sponsor No. _____ ATP Code _____

Name of Apprentice (Last, First, MI) _____ Social Security Number _____	1. Name of Program Sponsor Ginsberg's Foods			
	Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane			
	City Hudson	County Columbia	State NY	Zip code 12534
	Mailing address of Program Sponsor (no. and street) PO Box 17			
	City Hudson	County Columbia	State NY	Zip code 12534
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid Truck Driver, Heavy				
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg's Food Hudson NY		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24/hr	
8. Credit for previous training or experience: NA Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____				

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
6-4	7-12								CDL A
\$18/hr	\$20/hr								\$22/hr

Apprentice Agree to the Terms on Page 2 of this Form.
 _____ Date **12, 21, 2022** Signature of Official Sponsor Representative _____ Date **12, 21, 22**

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 _____

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

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

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	_____	_____

DEC 15 2022 Apprenticeship Agreement

I. Apprenticeship Agreement Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor <u>Ginsberg's Foods</u>		
	Physical address of Program Sponsor (no. and street) <u>29 Ginsberg Lane</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u> Zip code <u>12534</u>
	Mailing address of Program Sponsor (no. and street) <u>Po Box 17</u>		
	City <u>Hudson</u>	County <u>Columbia</u>	State <u>NY</u> Zip code <u>12534</u>
	2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid <u>Truck Driver, Heavy</u>		
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) <u>12</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>3</u>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>Ginsberg's Foods Hudson NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$24/hr</u>
8. Credit for previous training or experience: <u>NA</u> Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
<u>10-6</u>	<u>7-12</u>								
<u>\$18/hr</u>	<u>\$20.00</u>								

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

Signature of Apprentice and Parent/Guardian if age 16-17 Date 12/10/2022

Signature of Official Sponsor Representative Date 12, 2, 22

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 _____

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

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.

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

Signature of DLEA Representative Date _____ Print Name _____



DEC 15 2022

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code _____

51-577

	1. Name of Program Sponsor Ginsberg's Foods		
	Physical address of Program Sponsor (no. and street) 29 Ginsberg Lane		
	City Hudson	County Columbia	State NY
	Zip code 12534		
	Mailing address of Program Sponsor (no. and street) PO Box 17		
City Hudson			
County Columbia			
State NY			
Zip code 12534			
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input checked="" type="checkbox"/> Hybrid Truck Driver, Heavy			
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Ginsberg's Food Hudson NY		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24/hr
8. Credit for previous training or experience: NA Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
0-6	7-12								
18.00	20.00								

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

 -17 Date **11/29/22** Signature of Official Sponsor Representative _____ Date **1/1**

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 _____

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

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	_____	_____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Ginsberg's Foods

Located at: (Address) 29 Ginsbergs Lane, Hudson, NY 12534

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

In the occupation of: (List Trade) TRUCK DRIVER, HEAVY

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

Must have a high school diploma or a high school equivalency diploma (such as TASC or GED).

Minimum Age: 18 Minimum Education: _____

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

- Must be physically able to perform the work required as determined by a physical exam and drug testing after selection and prior to enrollment in apprenticeship, at the expense of the sponsor.

(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 have reliable means of transportation to and from work and required classes at the approved school.

Other: Must submit to a criminal background check

Other:

Department of Labor
Apprentice Training

DEC 15 2022

Central Office

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

Name: Melissa Common

Address: P.O. BOX 17, Rt 66, Hudson, NY 12534

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

Phone: (518) 751-3204 Email: _____

Special Instructions:

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: _____

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	30			Total
<input checked="" type="checkbox"/>	<u>5</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>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10			
<input type="checkbox"/>	Other: _____				
Work Experience					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	10			Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Active Military Experience	10			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of General Work Experience	10			
<input type="checkbox"/>	Other: _____				
Seniority					
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm				Total
<input type="checkbox"/>	Other: _____				
Job Aptitude					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
	Administered by _____				
<input type="checkbox"/>	Other: _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	40			Total
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

100 Total Score →

Rank _____ Date: DEC 15 2022

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Ginsberg's Foods Central Office

Sponsor Address: 29 Ginsberg's Lane, Hudson, NY 12534



Sponsor Code _____

Trade Code(s) 51-577

New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

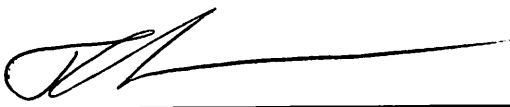
New Program Amended Renewal

To be Administered by (Sponsor's Name): Ginsberg's Foods

Address: 29 Ginsbergs, Hudson State: NY Zip: 12534

Plan is effective: From: 12/1/22 To: 11/30/27

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  _____ Date: 12/1/22

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

Print Name: John Brusie

Title: President / COO

NYS Department of Labor
Apprentice Training

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Central Office

Do not write below this line.

Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Truck Driver, Heavy

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	Totals
New Positions							
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

*NYS Department of Labor
Apprentice Training
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* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion)

Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
An area-wide public recruitment will publicize the following information:
- a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached to be submitted to the Commissioner of Labor** for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):

1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
- a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

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* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.