

NYSDOL Use Only: Sponsor No
☑ New Program ☐ Reactivation ☐ Revision ☐ Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions

DEC 1 5 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.

Sect	ion I	
	Sponsor name: Ginsberg's Foods	
В.	Trade(s): TRUCK DRIVER, HEAVY	
C.	Type of Apprenticeship Training Program (check one):	
***	1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)	
	or sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.	
	Name of entity completing this form: Ginsberg's Foods	
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.	•	
	City/Town: Hudson State: NY Zip Code: 12534	_
G.	Email: H. Phone: (518) 828-4004 I. Fax: (518) 828-0996	_
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?	☐ No
	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? 113	
0.	Within the past five (5) years, have you done business under a different name? \square Yes If 'Yes', provide attachments as noted in the instructions.	☑ 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 If 'Yes', provide attachments as noted in the instructions.	☑ No
Secti Comp	ion II lete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.	
prede	the past five (5) years, has your organization, any substantially owned-affiliated entity,** any cessor company or entity, any owner of 10% or more of the entity's shares, any director, any 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?	✓ 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 contract or subcontract for lack of responsibility, or denial or revocation of pre-q	ualification	.
	for any bid in any state or municipality, or a voluntary exclusion agreement?		Ø No
5.	Any federal, state, or municipal debarments, including Workers' Compensation		✓ No
6.	Any pending or open investigation of a possible violation, or determination of a rederal law or regulation including, but not limited to, investigations by the Nation	nal Labor Relations	⊡
	Board (NLRB) or the United States Department of Labor (USDOL) Wage and H		
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA		
8.	 Any OSHA citation that resulted in a final determination classified as serious Any pending or open investigation of a possible violation, or determination of New York State law or regulation, any other state law or regulation, or any or regulation including, but not limited to, investigations by the Bureau of Public 	f a violation of nunicipal law or	Ø No
	Division of Safety and Health, or the Division of Labor Standards?	🗆 Yes	✓ No
	b. If 'Yes', was the violation determined to be willful?	🗆 Yes	
9.	Any investigations, claims, or lawsuits before the US Equal Employment Opport (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NY	unity Commission	
	Human Rights, federal or state courts, or local Civil Rights Commissions?		✓ No
10.	Any stipulations, settlement, consent order, or like agreement involving any state		
	federal enforcement action (judicial or regulatory) other than those covered at		✓ No
	After completing Sections I and II, you must sign Section III,	and have it notarized	•
Secti	ion III		
Depar serving	ication – I, the undersigned, recognize that I submit this questionnaire to permit t tment of Labor to review the background of the applicant, sponsor, union, or sign g as a member of the JAC/JATC or other governing body at the time of new prog tion, at recertification, or as otherwise deemed appropriate by the Department.	atory employers and associ	ation(s) _I ram
l certi			
	 That the Department may use its sole discretion to choose the means to de of all statements made herein. 	etermine the truth and accur	асу
	 That intentional submission of false or misleading information may constitute under Penal Law (PL § 210.35), and may be punishable by a fine of up to imprisonment of up to one year (PL § 70.15(1)). 		or
	That the information submitted in this questionnaire and any attachments is	s true, accurate, and comple	te.
partici;	ndersigned recognizes that any adverse information uncovered regarding any appating in a Joint Apprenticeship Committee, or other sponsoring association, may ation request or program. Signing this document constitutes permission to release ation) concerning the entity completing this form to the program sponsor.	adversely affect the sponse	or's
0:	5 050. Oh six an appropriative growth of level authority to hind the Entity	Date	
Signat	ure of CEO, Chair, or representative granted legal authority to bind the Entity	Dale	
	name and title: John Brusie - President / COO		
Sworn	to me this: 10th day of November, 2022	and	
	NYSDOL Official Use Only	ic of Commissioner of Deed	S
-	<u> </u>	NYS Department of Labor	•
-	Suzanne K Rajczi	Apprentice Training	
	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01846189506 Qualified in Dutchess County	DEC 1 5 2022	
i	Commission Expires June 30th 2024	_	
1	Field - Receipt Date Stamp	Central Office	



Apprentice Training Program Registration Agreement

	Revision 🗸						State	e Use Only	
	Nature of Change: Nev	v Program				AT Sponsor No.			
	THEN TO HOME			- []	W 1		ATP Code 51-	577	
	1 Hg						Effective Date of AT Program	31 11 15 15	
1.	Name of Sponsor: Gins	berg's Foo	ds						
2.	Mailing Address: PO Bo	ox 17, Rt 66	Hudson	1	NY		12534	Columbia	
۷.	(numbe	r & street)	(city)			(state)	(zip code)	(county)	
3.	Actual Address: 29 Gins	sbergs Lane	Hudson		NY		12534	Columbia	
	(numbe	r & street)	(city)	200		(state)	(zip code)	(county)	
4.	Telephone No.: 518-828	-4004	E	_{Ext.} 333	T Fax	No.: 518	3-828-0996		
5.	E-mail Address:								
6.	Trade/Occupation: TRU	JCK DRIVE	R, HEAV	Y					
7.	No. Employees: 250				nevworker	. 22	8 Ratio: 1:1	1; 1:1	
17.10	DOT Code: 53-3032.								
9.			ntha		0. Lengt	th of Prog	ram: <u>12</u>	months	
11.	Apprentice Probationary	Period: 3 mo	าเกร				Standard • o		
13.	Minimum Journeyworker	Rate: \$24.00	_{per} <u>hr</u>		14. Effec	tive Date	of Wages: 9/5/2	1	
	oden								
15.	Apprentice wage progres					_			
	1 2 3	4	5 6	7	8	9	10		
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	\$20 \$24 /						5 6		
	(800 50.00 S)								
16.	The sponsor agrees to o	comply with the r	provisions on th	nis side a	nd on the	reverse of	f this agreement		
		omply marately		no oldo d			and agreement.		
17.			11/10/20	022 18	3				
	Signature of Official Spon	ON THE PROPERTY.	ive Date		Signa	ture of Ur	nion Representativ	ve Date	
1	Erik Larsen - VP of Opera								
M	Card Print Name	and little	eportation)		Print Nan	ne, Title, and Unio	n Name	
	- 111 - 111 E		,						
19.	Signature Ne	w York State De	epartment of La	abor			·	Date	
	mpleased and		1 1				NYS Departme	nt of Labor	
							Apprentice		

DEC 1 5 2022

DEC 1 5 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: Hu	dson
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 Of		
City: Albany	State: NY	
Apprentice Training Representative:		_ Date Prepared: <u>3/25/19</u>
Related instruction is not available. School Name: Ginsberg's Foods No. & Street: 29 Ginsbergs Lane	Related instruction is	avaliable at.
	State: NY	Zin Code: 12534
School Representative Contact Informati Name: Michael Card School		
Name:		
No. & Street:		
City:	State:	_ Zip Code:
School Representative Contact Informat		
Name:	Telephone No.:	Email:
DLEA		
Name: Christie Davis		
No. & Street: 2805 State Highway 67,		
City: Johnstown	State: NY	Zip Code:
Signature of DLEA	Dat	e Prepared: <u>/2/2/2</u>

WE ARE YOUR DOL	ortment of Labor		Please send to y	our regional C	OL offic	e:
Department Apprer	tice Training					
	Apprenticeship A	areement				
DEC	1 5 2022	_	5	1 577		
I. Apprenticeship Agreement	Sponsor No		ATP Code	1-711		
Name of Apprentice (Last, First, M.I.)	Social Security Number	1	rogram Sponsor			
		Ginsberg	g's Foods			
		1 -	ess of Program Spo	nsor (no. and st	reet)	
		29 Ginsbe	erg Lane			
		City	County		State	Zip code
		Hudson	Columbia		NY	12534
		_	ss of Program Spon	sor (no. and stre	et)	
		PO Box	17			
		City	County		State	Zip code
		Hudson	Colum	bia	NY	12534
		2. Trade:	Time-based C	ompetency-base	ed 🗹 F	-lybrid
		-				-
		Truck	Driver, t	teavV		
Has the apprentice received any Certifica	ate of Completion from a State or Federal		4. Length of program	n 5. DOL App	rentice Pr	robation
Apprenticeship Program? ☐ Yes ☑ I	No		(Months)	Period for C	ompletion	n Rates
If "Yes," Trade	State		12	(Months) 3		
6. Related and Supplemental Instruction	(RI) Provider(s) and location(s)	•	RI Compensated		Journey	-Worker Rate
Ginsberg's Food H	udson NY		☐ Yes ☑ No	\$24/hr		
8.Credit for previous training or experience		Points	Sections	;		
☐ Reinstatement ☐ Vocational Ed	ucation Transfer Previous Exp	erience (Emolo	wer uswe).			
9. Apprentice Wage Progression (Without B	Senerits) for each Period. Choose one: 🖸	Months Line	lours	Sections 9		10
0-6 7-12	7 7			<u>_</u>		<u> </u>
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
18.00 20.00						
	Apprentice Agree to	the Terms o	n Page 2 of this F	erm.		
	10 -0 0 00		7/M /		,,	
	13 103 13033	Signature of C	Official Sponser Repres	entative	_ 	7/27 Date
	50.5				State Use	
Registered by the New York State L	рерапшена от савот.				Date	
		,	,	To ATC	·	- . ——
Signature New York	State Department of Labor	Date		Rank Ve		
				Data Ent		
THE DEPARTMENT OF LA	BOR MUST RECEIVE THIS AGREEMENT WIT	HIN 30 CALENDA	AR DAYS OF THE REC	UESTED START	DATE.	
II. Worksite Training Completion or	Termination					
Check one:	ng Terminated for Cause Qu	it Layoff (Lack of Wor		mination 🔲	Transfer	
Completion or Termination Date	(Explain in Comments)	(LECK OI VVOI	κ,		State Use	e Only
Comments				To ATO	Date	
				To ATC	·	
				Data En	лу	
Signature of Official Sponsor Representative	Date	Print Name		<u> </u>		
•	BOR MUST RECEIVE THIS FORM WITHIN 30 (S OF THE COMPLETION	ON/TERMINATION	I DATE.	
III. RI Completion	STATE USE C				State Use	e Only
☐ Apprentice has satisfied the RI requirem	ents. Completion date:			To ATO	Date	
Apprentice has not satisfied the RI requi	rements.			To ATC		

AT 401 (11/20)

Signature of DLEA Representative

Must be returned within 30 days of receipt

Print Name

Date

Page 1 of 2

To ATC To DLEA Data Entry

WE ARE YOUNS Department of Labor | Comparison of Labor o

DEC 1 5 2022 Apprenticeship Agreement

l. Apprenticeship Agreement	Sponsor No.		ATP Code	1-577			
Name of Appropriate / set First M. Contral	Office Social Security Number	1. Name of Pr	ogram Sponsor				
		Crimbery's tooll					
		Physical address of Program Sponsor (no. and street)					
		City (-insberry L	State Zip code			
į		Hudson	(plembia	State Zip code			
		Mailing addre	ss of Program Sponsor	(no. and street)			
		City	County	Bo _× / / State Zip code			
		Hudon	Chimbia	MY 1234			
		2. Trade:		petency-based Hybrid			
		Truch	Driver	Heavy			
Has the apprentice received any Certificate Apprenticeship Program? ☐ Yes ■ No	•		(Months)	5. DOL Apprentice Probation Period for Completion Rates			
If "Yes," Trade	State		12	(Months) 3			
6. Related and Supplemental Instruction (R Ginsberg's Food Hi	I) Provider(s) and location(s)		RI Compensated Yes	7. Minimum Journey-Worker Rate			
8.Credit for previous training or experience:		Points	No Sections	1 - 1/			
☐ Reinstatement ☐ Vocational Educ	ation	perience (Emplo	yer name):				
9. Apprentice Wage Progression (Without Ber	efits) for each Period. Choose one:	Months H	ours Points [Sections 9 10			
				9 10			
7-12							
			L				
The Snor	nsor and the Apprentice Agree t	o the Terms or	n Page 2 of this For	m.			
4	12,5,22		161	12,2127			
§	7 Date	Signature of C	Official Sponsor Represent	tative Date			
Registered by the New York State Dep	partment of Labor:			State Use Only Date Init.			
				To ATC To DLEA			
Signature New York St	ate Department of Labor	Date		Rank Verify Data Entry			
THE DEPARTMENT OF LABO	OR MUST RECEIVE THIS AGREEMENT W	ITHIN 30 CALENDA	AR DAYS OF THE REQUI	ESTED START DATE.			
II. Worksite Training Completion or Te	rmination						
Check one: Completed Worksite Training	☐ Terminated for Cause ☐ Q		Program Termin	nation			
Completion or Termination Date	(Explain in Comments)	(Lack of Wor	K)	State Use Only			
Comments				Date Init.			
•				To DLEA			
	1 1	•		Data Entry			
Signature of Official Sponsor Representative	Date	Print Name					
THE DEPARTMENT OF LABO	R MUST RECEIVE THIS FORM WITHIN 30	CALENDAR DAY	S OF THE COMPLETION	TERMINATION DATE.			
W. D. C	STATE USE	ONLY		84444			
III. RI Completion Apprentice has satisfied the RI requirement	ts. Completion date:			State Use Only Date Init.			
Apprentice has not satisfied the RI requires	ments.			To ATC			
Signature of DLEA Representative		Print Name		Data Entry			
difficults of previvehiesemense		110//10	•				

WE	ARE	YOUNES Begartment of Labor
	- KEWI	Department Apprentice Training

DEC 1 5 2022 Apprenticeship Agreement

I. Apprenticeship Agreement	Sponsor No.		ATP Code	1-7//
Name of Apprentice (Last, First, M.I.)	ffice Social Security Number	1. Name of Pr	ogram Sponsor	12
			insberg's	Foods
			ess of Program Sponso	or (no. and street)
		<u> </u>	(rinsperg	Lane
		City	County	State Zip code
		Hidson	Columbia	NY 1224
		Maning address	ss of Program Sponsor	· 1
				20 Bax 17
		city Con	County	State Zip code
			Columbia	NY 19534
		2. Trade: [_]	Time-based	petency-based 🔞 Hybrid
		True	K Driver	Henry
Has the apprentice received any Certificate of	f Completion from a State or Federa			5. DOL Apprentice Probation
Apprenticeship Program? Yes No	, compressor nom = 0.2.5 or . 020.2	0.0.0.0	(Months)	Period for Completion Rates
If "Yes," Trade	State		12	(Months)
6. Related and Supplemental Instruction (RI)			RI Compensated	7. Minimum Journey-Worker Rate
Ginsberg's Food	Hudson NY		☐ Yes ☑ No	# 24/hr
8.Credit for previous training or experience:		Points	Sections	
☐ Reinstatement ☐ Vocational Educat		perience (Emplo	over name):	
9. Apprentice Wage Progression (Without Bene		_		Sections
1 23	4 5	6	_7 8	9 10
0-6 7-12			•	1
AMY 00 20.00	A~ 1	#^	h = 1	V
7.0		to the Terms of	n Page 2 of this For	·m
_	/2 / 5 / 2Z	Signatura of	Official Sponsor Represent	12 12 12 Date
Designation of the New York State Dans			omoia oponion Ropiccon	State Use Only
Registered by the New York State Depa	Bulletik Ci Laboi.			Date Init.
		. 1	1	To ATC
Signature New York Sta	te Department of Labor	Date	•	Rank Verify
THE DEPARTMENT OF LABOR	R MUST RECEIVE THIS AGREEMENT W	/ITHIN 30 CALENDA	AR DAYS OF THE REQU	ESTED START DATE.
II Morkeite Training Completion of Te-	mination			
II. Worksite Training Completion or Ter. Check one: Completed Worksite Training	Terminated for Cause 🔲 C			nation
Completion or Termination Date	(Explain in Comments)	(Lack of Wor		State Use Only
Comments				Date Init.
				To ATC
				Data Entry
Signature of Official Sponsor Representative	/_/ Date	Print Name		
_	MUST RECEIVE THIS FORM WITHIN 3	O CALENDAR DAY	S OF THE COMPLETION	TERMINATION DATE.
	STATE USE	ONLY		
III. RI Completion Apprentice has satisfied the RI requirements	s. Completion date:			State Use Only Date Init.
Apprentice has not satisfied the RI requirem	ents.			To ATC
	Deta	Print Name		Data Entry
Signature of DLEA Representative	Date	Print Name		L

WE ARE YOUR DOL

Apprentice Training

Apprenticeship Agreement

DEC 1 5 2022	Sponsor No		_ ATP Code	51-	577	
Name of Appropriate (Last First M.I.)	Social Security Number	1. Name of	Program Sponso	or C		
			Linsberg	's Fa	าปร	
		1 1	dress of Program	n Sponsor (no	o. and street)	
		1 24	(rinsb	ery L	anl	
		City	County	1	State	Zip code
		1-traso/		mbia	/VY	19334
		Mailing add	ress of Program	Sponsor (no.	and street)	1-7
					10 150x	1/
		City	County	1.	State	Zip code
		HAGNO		nDic.		12534
		2. Trade: L	Time-based	☐ Compete	ncy-based	Hybrid
Has the apprentice received any Certificate of Co	mpletion from a State or Federa	al 3.Start Date	e 4. Length of p	vrogram 5 F	OOL Apprentice P	robation
Apprenticeship Program? Yes No	impletion from a otate of redera	J.Otan Dan	(Months)	Per	iod for Completio	
If "Yes," Trade	State		12	L (Mc	onths) 3	1
6. Related and Supplemental Instruction (RI) Pro			RI Compens	sated 7.	Minimum Journey	/-Worker Rate
Ginsberg's Food	Hudson NY		☐ Yes Mai No	4	24/W	-
8.Credit for previous training or experience: NA		Points		ections		
☐ Reinstatement ☐ Vocational Education	☐ Transfer ☐ Previous E	kperience (Em	ployer name):	-		
9. Apprentice Wage Progression (Without Benefits)	for each Period. Choose one:	Months [Hours Po	oints 🔲 Se	ections	
1 2 3	4 5	6	7	8	9	10
0-6-7-12						
\$20.00						
The Sponsor	and the Apprentice Agree	to the Terms	on Page 2 of	this Form.		
	12.15122			$\mathcal{V}/$	12	, 2, 27
Guardian if age 1	12/5/22 6-17 Date	Signature	of Official Sponsor	Representative	, , ,	Date
Registered by the New York State Departme	ent of Labor:				State Us	
					To ATC	e Init.
			1		To DLEA Rank Verify	_
Signature New York State D	epartment of Labor	Di	ate		Data Entry	
THE DEPARTMENT OF LABOR MU	IST RECEIVE THIS AGREEMENT \	NITHIN 30 CALEN	IDAR DAYS OF T	HE REQUESTE	D START DATE.	
II. Worksite Training Completion or Termin	ation					
] Terminated for Cause 🗀 🤆			ım Terminatio	n 🔲 Transfei	•
Completion or Termination Date	(Explain in Comments)	(Lack of \	wark)		State U	se Only
Comments					Da To ATC	
					To DLEA	
					Data Entry	
Signature of Official Sponsor Representative	//	Print Nan	ie			
THE DEPARTMENT OF LABOR MU	ST RECEIVE THIS FORM WITHIN :	30 CALENDAR D	AYS OF THE COM	PLETION/TER	MINATION DATE.	
	STATE US	E ONLY		Г		
III. RI Completion Apprentice has satisfied the RI requirements. C	ompletion date:			ļ	State Us Da	•
Apprentice has not satisfied the RI requirements			·		To ATC	
		82 111			Data Entry	= =
Signature of DLEA Representative	Date	Print Nam	ie	ι		

W E	ARE	YOURS DOL Department of La	hor
_	- HEWY	Department Apprentice Training	g

Apprenticeship Agreement

DEC 1	2022	71 .	_		C 1	-577	
I. Apprenticeship Agreement	Sponsor	· No				-577	
Name of Annrentice (Last. First. M. Antrol	Social Sec	urity Number		Program Spon		1	
			C-11	isberg's	1000	5	
			Physical ac	Ginybe		or (no. and street)	
			City,	Count		-ane State	Zip code
			Hudson	Colum		MY	176311
						r (no. and street)	1000
			J	3		Po Bux	17
			City	Count	ty /	State	Zip code
			tudson	Colu	mbia	NY	19334
			2. Trade:	☐ Time-based	☐ Com	petency-based	Hybrid
Has the apprentice received any Certificate Apprenticeship Program? Yes No			3.Start Dat	(Months)		5. DOL Apprentice Period for Complet (Months)	ion Rates
If "Yes," Trade	Sta	11 M 10 1		19			
6. Related and Supplemental Instruction (R				RI Compei	nsated	7. Minimum Journ	ey-Worker Rate
8.Credit for previous training or experience:			Points		Sections		
☐ Reinstatement ☐ Vocational Educ	ation	☐ Previous Exp	perience (Em	ployer name):			
9. Apprentice Wage Progression (Without Ben	efits) for each Period	d. Choose one:	Months [459	Sections	
1 2 3		5	ь	7	8	9	10
18.00 TO.00	A- //	1,21,1-11					
10			~				
The Spor	nsor and the App	rentice Agree t	o the Terms	on Page 2 o	tinis For	rm.	
	12	_/ S / Z 2		/ 00		/ /2	Date
Signature of Apprentice and Farent/Guardian in	age 16-17	Date	Signature	of Official Sponso	or Represen	tative	Date
Registered by the New York State Dep	artment of Labor:						Jse Only ate Init.
						To ATC	
Signature New York St	ate Department of La	ahor	/	ate /		To DLEA Rank Verify	
digitatare New York Of	ato Doparanoni di Et			410		Data Entry	
THE DEPARTMENT OF LABO	OR MUST RECEIVE TH	IIS AGREEMENT W	THIN 30 CALE	NDAR DAYS OF	THE REQU	ESTED START DATE.	D 8
II. Worksite Training Completion or Te	rmination					The officer	
Check one: Completed Worksite Training	☐ Terminated for				ram Termi	nation 🔲 Transf	er
Completion or Termination Date	(Explain in C	Jomments)	(Lack of	vvork)		State	Use Only
Comments						D	ate Init.
	~					To ATC	
			9		` `	Data Entry	
Signature of Official Sponsor Representative	/ / Date		Print Nar	me			
THE DEPARTMENT OF LABO	R MUST RECEIVE TH	IS FORM WITHIN 30			MPLETION	/TERMINATION DATE	
	Tarana a	STATE USE	ONLY		-		
III. RI Completion	_						Use Only
☐ Apprentice has satisfied the RI requiremen ☐ Apprentice has not satisfied the RI requirer	ts. Completion date ments.	:				To ATC	ate Init.
	1 1					To DLEA Data Entry	
Signature of DLEA Representative	Date		Print Nar	ne		Data Lifely	

To ATC To DLEA Data Entry Signature of Official Sponsor Representative Print Name

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

			STA	TE USE ONLY			
III. RI	Completion				S	tate Use O	nly
	rentice has satisfied the RI requiremen	its. Comr	pletion date:			Date	init.
	rentice has not satisfied the RI require		Secretary Control of the Control of		To ATC		
			2		To DLEA		
					Data Entry		
	Signature of DLEA Representative		Date	Print Name			

II. Worksite Training Completion or Termination Check one: Completed Worksite Training Completion or Termination Date Comments **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 State Use Only ☐ Apprentice has satisfied the RI requirements. Completion date: _ ☐ Apprentice has not satisfied the RI requirements. Date To ATC To DLEA Data Entry Signature of DLEA Representative

Init.

Please send to your regional DOL office:

DEC 1 5 2022 Apprenticeship Agreement

111 1		, 3		51	1-577	
I. Apprenticeship Agreement Central Offic	Sponsor No		ATP Cod			
	Casial Casusifu Musebas	1. Name of	Program Spons		1.	
		Physical ad	ddress of Progra			
		7 Hysical ac	Finis		and street,	
		City	County		State	Zip code
		Hudson	Cola	mhia	ΛY	12534
			dress of Program	n Sponsor (no.	. and street)	0-2-2
				PC	Box 1	7
		City	County	y ,	State	Zip code
		Hudron		imbia	NΥ	192314
			☐ Time-based		ency-based 🐻 H	ybrid
		TV	ocl Dr	iver,	Heavy	
Has the apprentice received any Certificate of Compapprenticeship Program? Yes No	oletion from a State or Fed	deral 3.Start Dat	4. Length of (Months)	Per	DOL Apprentice Proriod for Completion	
If "Yes," Trade	State		12	(Mc	onths) 3	
6. Related and Supplemental Instruction (RI) Provid 6. Related and Supplemental Instruction (RI) Provid 6. Related and Supplemental Instruction (RI) Provid	,	(2)	RI Compen	sated 7.	Minimum Journey-	Worker Rate
8. Credit for previous training or experience:	Months	Points	No S	Sections	noi-17 nr	
	☐ Transfer ☐ Previou	s Experience (Em	inlover name):			
Apprentice Wage Progression (Without Benefits) for				oints S	ections	
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Trainer- Helper Trainer- COL						
\$18/hr \$20/hr						
The Sponsor an	nd the Apprentice Agr	ree to the Terms	on Page 2 of	this Form.		
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ian if age 16-1	7 Date	Signature	of Official Sponsor	r Representative	e D	ate
Registered by the New York State Department	of Labor:				State Use Date	
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Signature New York State Department	artment of Labor	//	ate /	co J	To DLEA Rank Verify	
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	erminated for Cause (Explain in Comments)	Quit Lay (Lack of	off Progra Work)	am Terminatio	on Transfer	
Completion or Termination Date				20 1	State Use	
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Signature of Official Sponsor Representative THE DEPARTMENT OF LABOR MUST	Date RECEIVE THIS FORM WITH	Print Nan IIN 30 CALENDAR D		MPLETION/TER	MINATION DATE	
THE DEPARTMENT OF LABOR MUST			A TO OF THE COM	LE HONTER	MINATION DATE.	
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Signature of DLEA Representative	Date	Print Nan	ne			

Must be returned within 30 days of receipt

Page 1 of 2

AT 401 (11/20)

Must be returned within 30 days of receipt

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Page 1 of 2

WE ARE YOUR DOL

AT 401 (11/20)

NYS Department of Labor

STATE USE ONLY State Use Only III. RI Completion Date Init. ☐ Apprentice has satisfied the RI requirements. Completion date: Apprentice has not satisfied the RI requirements. To ATC To DLEA Data Entry Signature of DLEA Representative Print Name Must be returned within 30 days of receipt AT 401 (11/20) Page 1 of 2 9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: ## Months 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 ☐ Program Termination □ Layoff ☐ Transfer (Explain in Comments) Completion or Termination Date State Use Only Comments Date Init To ATC To DLEA Data Entry Date Print Name Signature of Official Sponsor Representative THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE. STATE USE ONLY III. RI Completion State Use Only Apprentice has satisfied the RI requirements. Completion date: Date Init. Apprentice has not satisfied the RI requirements. To ATC To DLEA Data Entry Signature of DLEA Representative Print Name Must be returned within 30 days of receipt AT 401 (11/20) Page 1 of 2

Please send to your regional DOL office:

DEC 1 5 2022 Apprenticeship Agreement

I. Apprenticeship Agreement	Sponsor No.		ATP Code	1-3 17
Name of Apprentice (Last First Affaird) Office	C Social Security Number	1. Name of Pr	ogram Sponsor	
)	sberg's to	ools
		1 40 0	ess of Program Spons	or (no. and street)
-		City	County	State Zip code
		Hudson	Colombia	NY 12534
		Mailing addre	ss of Program Sponso	r (no. and street)
		City	County	State Zip code
		Huden	Calcadaid	MY 12534
		2. Trade:	Time-based Con	npetency-based Hybrid
		, ہے ا		.\ /
		Truch		
Has the apprentice received any Certificate of C Apprenticeship Program? Yes No	ompletion from a State or Federal	3.Start Date	4. Length of program (Months)	5. DOL Apprentice Probation Period for Completion Rates
If "Yes," Trade	State		12	(Months) 3
6. Related and Supplemental Instruction (RI) Pro	ovider(s) and location(s)	,	RI Compensated Yes	7. Minimum Journey-Worker Rate
Ginsberg's to	od Hudson N	Y	■ No	# a 9 / W
8.Credit for previous training or experience: N	A Months	Points	Sections	
☐ Reinstatement ☐ Vocational Education	☐ Transfer ☐ Previous Exp	erience (Emplo	oyer name):	
9. Apprentice Wage Progression (Without Benefits			- '	Sections
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The Sponsor	r and the Apprentice Agree to	the Terms of	n Page 2 of this Fo	,
Suardian if age	16-17 Date	Signature of	Official Sponsor Represen	12 , 7,
Registered by the New York State Departm				State Use Only
, and the second				Date Init.
Signature New York State I	Denartment of Labor	/ Date		To DLEA
Signature New York State t	Sopartinoit of Labor	Duit	•	Data Entry
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5	☐ Terminated for Cause ☐ Qu (Explain in Comments)	it Layoff (Lack of Wo		
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Signature of Official Sponsor Representative	Date	Print Name		
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				To DLEA Data Entry
Signature of DLEA Representative	Date	Print Name		

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 - NEW	Departmen	norentice Training

UEC 1 5 2022 Apprenticeship Agreement

. Apprenticeship Agreement	Sponsor No		ATP Code	1-311
Name of Apprentice (Last First MF) trail Off	ICE Social Security Number	1. Name of Pr	ogram Sponsor	
		(ring	bergs touc	
		Physical addr	ess of Program Sponso	or (no. and street)
		City	() as bedy	State Zip code
		II Is	County	
		Mailing addre	ss of Program Sponsor	(no, and street)
		manning address)	Da D 17
		City	County	State Zip code
		ilde	011.	NY 12534
		2. Trade: □	Time-based ☐ Com	petency-based Hybrid
			1/ ^	1
		Truc	of Driver	Heavy
Has the apprentice received any Certificate of C	completion from a State or Federal	3.Start Date	4. Length of program	5. DOL Apprentice Probation
Apprenticeship Program? Yes No	State		(Months)	Period for Completion Rates (Months)
If "Yes," Trade			17	2
6. Related and Supplemental Instruction (RI) Pr	ovider(s) and location(s)		RI Compensated Yes	7. Minimum Journey-Worker Rate
Ginsberg Food	>		₩ No	4 au/w
8.Credit for previous training or experience: M	Months	Points	Sections	
☐ Reinstatement ☐ Vocational Education	n 🔲 Transfer 🔲 Previous Exp	erience (Emplo	yer name):	
9. Apprentice Wage Progression (Without Benefits	i) for each Period. Choose one:	Months 🗆 F	lours Points [Sections
1 2 3	4 5	6	7 8	9 10
7-12				
. 18 00 \$20.00			2	
The Spenso	r and the Apprentice Agree to	the Terms o	n Page 2 of this For	m.
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Signature of Apprentice and Farent Statutan if age	16-17 Date	Signature of	Official Sponsor Represent	tative Date
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				Date Init.
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Signature New York State I	Department of Labor	Date	;	Data Entry
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Signature of Official Sponsor Representative	Date	Print Name		
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III. RI Completion ☐ Apprentice has satisfied the RI requirements.	Completion date:			Date Init.
Apprentice has not satisfied the RI requiremen	ts.			To ATC
Signature of DLEA Representative	/ /	Print Name	all A publication	Data Entry
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 KEWYORK PARTY.	Department	Department of Labor pprentice Training Apprenticeship Agreement
- V	A	Dorentice Technique
	• •	Apprenticeship Agreement

I. Apprenticeship Agreement $^{ m DEC}$ 1 5 2022 Sponsor No	ATP Code 5 1-577
Name of Apprentice (Last First M.I.) Social Security Number	1. Name of Program Sponsor
	Crinsperals Foods
	Physical address of Program Sponsor (no. and street)
	29 Ginsberg Lane
	City County State Zip code Huckon Columbia NY 12534
	Mailing address of Program Sponsor (no. and street)
	Po Box 1/
	ituson Columbia NY 12534
	2. Trade: 🔲 Time-based 🔲 Competency-based 🤌 Hybrid
	Truck Driver, Heary
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program?	(Months) Period for Completion Rates
If "Yes," Trade State	14 7 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Gin Shesquis Food Hudson N	RI Compensated 7, Minimum Journey-Worker Rate Page No
8. Credit for previous training or experience: NA Months	Points Sections
☐ Reinstatement ☐ Vocational Education ☐ Transfer ☐ Previous Ex	perience (Employer name):
9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one:	Months
1 2 3 4 5	6 7 8 9 10
18:00 7-12	
The Sponsor and the Apprentice Agree t	o the Terms on Page 2 of this Form
The Sponsor and the Apprentice Agree to	
	Signature of Official Sponsor Representative Date
Registered by the New York State Department of Labor:	State Use Only
Registered by the New York State Department of Labor.	Date init.
	/ / To DLEA
Signature New York State Department of Labor	Date Rank Verify Data Entry
THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT W	ITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.
II. Worksite Training Completion or Termination	
Check one: Completed Worksite Training Terminated for Cause (Exptain in Comments)	uit
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Signature of Official Sponsor Representative Date THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 34	Print Name CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE
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Apprentice has satisfied the RI requirements. Completion date:	Date Init.
I I	To DLEA Data Entry
Signature of DLEA Representative Date	Print Name

riease send to your regional DOL office.

II. Worksite Training Completion or Termination Check one: Completed Worksite Training Completion or Termination Date _ Comments To ATC To DLEA Data Entry 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 State Use Only III. RI Completion Apprentice has satisfied the RI requirements. Completion date: Date Init. To ATC Apprentice has not satisfied the RI requirements. To DLEA

AT 401 (11/20)

Signature of DLEA Representative

Must be returned within 30 days of receipt

Print Name

Page 1 of 2

Data Entry

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AT 401 (11/20)

DEC 1 5 2022

Apprenticeship Agreement

l. Apprenticeship Agreement	Sponsor No.		ATP Code	<u> </u>	-577	
		1. Name of P	rogram Sponsor		· · · · · · · · · · · · · · · · · · ·	
			perg's t	oods		
		Physical addr	ess of Program	1		
-		City ,	(-instre	TU La	State	Zip code
		Hudson	Clum	nbia	114	12574
			ss of Program S		o. and street)	10.00
				PC	2 Box 17	'
		City	County	i	State	Zip code
-		Hudian	<u>lolum</u>		/V Y	12534
		2. Irade: 📋	Time-based	□ Compet	ency-based	łybrid
		True	K Drn	er 17	Heavy	
Has the apprentice received any Certificate of C	completion from a State or Federal		4. Length of pr	ogram 5.	DOL Apprentice Pr	
Apprenticeship Program? Yes No If "Yes," Trade	State		(Months)		eriod for Completion Ionths)	n Rates
6. Related and Supplemental Instruction (RI) Pr			RI Compensa		. Mjnimum Journey	Morke- D-1-
College of the colleg	A Links	\checkmark	☐ Yes	1	ady/hr	-vvoiker Rate
31h Shery 7 Post	MA HOUSON N	7	No No	<u> </u>	y ///	
, , , , , , , , , , , , , , , , , , ,	VA Months	Points		ctions		
Reinstatement Vocational Education						
9. Apprentice Wage Progression (Without Benefits 1 2 3) for each Period. Choose one:	Months	lours 🗌 Poi 7	nts □S 8	Sections	10
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10/11/ 2010		. 41 T	7 /2 (1)	• -		
	Apprentice Agree to	the terms of	n Page/2 of th	is Form.		_
Signature of Apprentice and Parent/Guardian if age	16-17 Date	Signature	Official Sponsor R	2 apracantativ	<u>اي ا</u>	2/22
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Must be returned within 30 days of receipt

Page 1 of 2

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DEC 1 5 2022

Apprenticeship Agreement

. Apprenticeship Agreement	Sponsor	No		_ ATP Cod	e <u> </u>	1-577		-
Name of Assessing (Leat Fire ARINTAL OFF	Social Soci	rih Number	1. Name of F	rogram Spons	ior C	1	_	
			(J-1)	nsberg's	tool	15		
			• ~ ^	ress of Progra	m Sponso	or (no. and stree	t)	
			74	(~1Nb	erg	Lare	, 	
			City	County	1.	St	tate	Zip code
			Hudson		mpia	/	<u>/ Y</u>	19234
			Mailing addr	ess of Progran	n Sponsor	(no. and street)		-
						Po Box	<i>i</i> /	/
			City	Count	$'$ $_{i}$		tate	Zip code
			Hydran	Colu	mbia	N	/Y	12534
			2. Trade:	Time-based	☐ Com	petency-based	1 Ну	brid
			Tie	v Dr		Mary	1	
			1100	K DIV	VCY 1	Heav	1	
Has the apprentice received any Certificate of	Completion from a	State of Federal	3.Start Date	4. Length of	program	5. DOL Appren		
Apprenticeship Program? ☐ Yes No If "Yes," Trade	Sta	ite	1	(Months)		Period for Com (Months)	ipletion F 3	kaies
				12				
6. Related and Supplemental Instruction (RI) F	rovider(s) and loc	ation(s)		RI Compen	sated	7. Minimum Jo	ourney-M	vorker Rate
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8.Credit for previous training or experience:	NA Month	<i>J</i>	Points	S	ections			
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Apprentice Wage Progression (Without Benefi 1 2 3	s) for each Period	i. Choose one: 🖼 5	Months L	Hours 🔲 P	oints [☐ Sections		10
Po (7 0 / 1)	"							
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-18,00 20.00 , -y M							4	
The Spons	or and the Appi	rentice Agree to	the Terms o	on Page 2 of	this For	m.		
	n	, ລຸ,ຊາ						
Signature or Apprentice and Fareneodardian if ag		/ & / & &	Signature of	Official Sponso	r Represen	tative -	/ Dat	<u>/</u>
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II. Worksite Training Completion or Term	nination	_	_					
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Signature of DLEA Representative	Date		Print Name	-				
AT 401 (11/20)	Must be	returned within 3	30 days of rece	ipt				Page 1 of 2

II. Worksite Training Completion or Ter	mination					
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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.

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Apprentice has not satisfied the RI requirements.			To ATC		
	1 1		Data Entry	, —	
Signature of DLEA Representative	Date	Print Name			

WE ARE YOURS Detartment of Labor of Labor of Labor of Labor

DEC 1 5 2022 Apprenticeship Agreement

. Apprenticeship Agreement	Sponsor No		ATP Code	,	1-577	
		1. Name of Pr	ogram Sponso	or [1	
		(F1)	Rpers -	Tog	<u>ds</u>	
		Priysical addr	$\alpha \alpha$	uber	or (no. and street)	
		City	County	1	State	Zip code
		Hudson	Colu	umbia	NY	12534
		Mailing addre	ss of Program	Sponsor	(no. and street)	
		0.1	0	Ho	Box 11	
		City	County	1.	State // /	Zip code
		2. Trade:			petency-based	Hybrid
		Tu	v n:		11 0	
					Heavy	
Has the apprentice received any Certificate of Apprenticeship Program? Yes No If "Yes," Trade	Completion from a State or Federal State	3.Start Date	4. Length of p (Months)	orogram	5. DOL Apprentice P Period for Completio (Months)	
6. Related and Supplemental Instruction (RI) i			RI Compens	hetes	7. Minimum Journey	/-Marker Pate
21NSheris Too	1 Arden NY	/	Yes	Juico	\$ a4/	hr
8.Credit for previous training of experience:	WA Months	Points		ections		
☐ Reinstatement ☐ Vocational Education	on Transfer Previous Exp	erience (Emplo	yer name):			
9. Apprentice Wage Progression (Without Benefi	its) for each Period. Choose one: 🎬		lours 🔲 Po	oints [Sections	
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18/W 370.00	,					
The Spons	or and the Apprentice Agree to		//		12	2 22
· Signature of Apprentice and Parent/Guardian if a	ge 16-17 Date -	Signature of	Official Sponsor	Represent	ative	$\frac{2}{2}$
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Signature New York State	Department of Labor	Date	•		Data Entry	
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II. Worksite Training Completion or Tern					_	
Check one: Completed Worksite Training	Terminated for Cause Qu (Explain in Comments)	it Layoff (Lack of Wor		m Temir	nation	·
Completion or Termination Date Comments	-				State Us Dat	
Comments					To ATC	
					Data Entry	
Signature of Official Sponsor Representative	/	Print Name			<u> </u>	
	MUST RECEIVE THIS FORM WITHIN 30	CALENDAR DAY	S OF THE COM	PLETION/	TERMINATION DATE.	
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III. RI CompletionApprentice has satisfied the RI requirements.	. Completion date:				State Us Dat	
Apprentice has not satisfied the RI requireme	nts.		_		To ATC	
Signature of DLEA Representative	Date	Print Name			Data Entry	

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: 4 Months II. Worksite Training Completion or Termination Quit Check one:
Completed Worksite Training ☐ Terminated for Cause ☐ Layoff □ Program Termination □ Transfer (Explain in Comments) (Lack of Work) Completion or Termination Date _ State Use Only Date Comments 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 State Use Only III. RI Completion ☐ Apprentice has satisfied the RI requirements. Completion date: _ Date init. Apprentice has not satisfied the RI requirements. To ATC To DLEA Data Entry

AT 401 (11/20)

Signature of DLEA Representative

Must be returned within 30 days of receipt

Print Name

Page 1 of 2



Sponsor Code: 51-577

www.labor.ny.gov

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 In the occupation of: (List Trade) TRUCK DRIVER, HEAVY	number of openings:
If you are interested in taking advantage of this training opportunity and meet the eligible to apply.	following qualifications, you are
Minimum Qualifications Minimum Age: 18 Minimum Education: Must have a high school diploma (such a	_
Physical Condition: Be physically able to perform the work required as determined by:	
•Must be physically able to perform the work required as determined testing after selection and prior to enrollment in apprenticeship, at the	_
(Note: Costs for medical examination, if required, are at the expense of the sponsor. Ad 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 req school.	uired classes at the approved Apprentice Training
Other: Must submit to a criminal background check	DEC 1 5 2022
Other:	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 Late	r Than:



Sponsor Code	
Trade Code(s)	51-577

Selection Standards and Evaluations

Name of Candidate:	Trade:				
Address: City	: 	St	ate: Z	Zip:	
Only those checked apply. Educational Achievement		Maximum Points Allowable	Number of Years Credited	Score	
5 Points for Each Year of Education Past Grade 10 or	Total	30			Total
Equivalent as Recognized by Local Educational Authorities		10			27 21 -
Points for Each Year of Related Technical Education Past Gror Equivalent as Recognized by Local Educational Authorities		10			
Points for Each Trade Related Adult or Continuing Education Completed	Course	10			
Other:					
Work Experience	Total	30			Total
Points for Each Year of Trade Related Work Experience		10			1,000
Points for Each Year of Active Military Experience		10			
Districts for Foot Version (Consequence)		10			
Other:		10			
Seniority Points for Each Year of Employment with The Sponsoring Firm Other:	Total				Total
Job Aptitude	Total				Total
Name of Aptitude Test:	1 020 00 00000				
Administered by		-			_
Other:					
Oral Interview: Not to Exceed 40% of Total Score	Total	40 10 10 10 10			Total
Total Allowable	Points ->	100	Total Score > Appre	artment on tice Tra	of Labor ining
valuated by:		Date:			
(Name) ponsor Name:Ginsberg's Foods			Cer	itral Offic	Æ
ponsor 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	☐ Renew	<i>r</i> al			
To be Administered by (Sponsor's Name). Gin	sberg's Foods					
				NIV		 12534	
Address: 29 Ginsberg			State: _	191	. Zip: .	12004	
Plan is effective: From:	12/1/22 To: -	11/30/27					
lc	On behalf of ertify that it is our into	f the above-named ent to fulfill this Af		tion Pl	an.		
Signature of Sponsor: _				_ Date	e:	12/1/22	
C	The above signature must Chair of the Joint Apprentices	be the employer's Chief ship Committee or their	Executive Office authorized repre	er or the esentative	€.		
Print Name: John Brus	ie						
Title: President / COO							
Tido.				٨	IYS De Appı	Ppartitions of Last Tentice Training	Jor
			1			C 1 5 2022	
	Do no	t write below this	line.		Cen	tral Office	
		••••••••		•••••			••
Approved by:				Date:			
		epartment of Labor					
Title:							_

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 290,755 in the following county(counties):

Columbia	Rensselaer	
Dutchess		
Greene		

The labor force includes:*

Minorities

African American	20,289	6.98	%
Hispanic	22,290	7.67	%
Other Minorities**	13,816	4.75	%
Total Minorities	56,395	19.40	%
Women	138,885	47.77	%

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: _______%

Goal for Women: 6.9 %



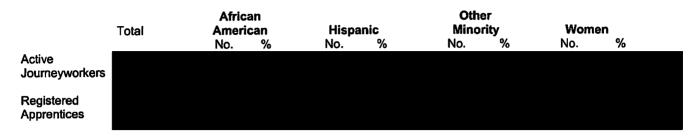
^{*} Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

^{**} Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

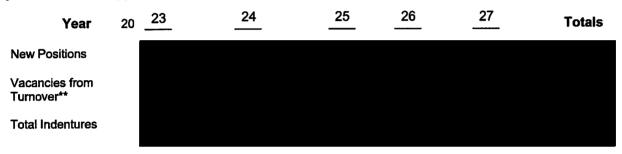
Part III - Current and Projected Staffing and Annual Goals

Title of Trade Truck Driver, Heavy

Current Staffing in the Above Trade



B. Projected Number of Apprentice 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:*



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.

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^{*} Where no apprentice indentures are planned for a particular group of your, constant to completion the ntrain of the normal standard of

Part IV - Action Plans and Requirements (continued)

B. Recruitment

It is agreed tha	t th	e 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:
		Estimated number of apprentice job openings to be filled. Eligibility requirements.
	c	. Where and when applications may be obtained.
	C	I. When applications are to be submitted.
	e	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):

- 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.