



MAY 03 2022

Central Office

New York State
Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

A. Sponsor name: GlaxoSmithKline Consumer Healthcare Holdings (US) LLC (Oakhill Facility)

B. Trade(s): MACHINIST

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

1. ☒ Individual Non-Joint 2. ☐ Individual Joint 3. ☐ Group Non-Joint* 4. ☐ Group Joint (JAC/JATC)*

*For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.

D. Name of entity completing this form: GlaxoSmithKline Consumer healthcare Holdings (US) LLC (Oakhill facility)

E. Entity completing this form (check one):

☒ Individual Employer/Sponsor ☐ Union ☐ JAC/JATC ☐ Association

☐ Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body

F. Mailing address: Street: 3169, route 145

City/Town: East Durham

State: NY

Zip Code: 12423

G. Email: [REDACTED] H. Phone: (518) 239-6901 I. Fax: [REDACTED]

J. Federal Employer Identification Number (FEIN): [REDACTED]

K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]

L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? ☒ Yes ☐ No

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

☐ Corporation ☐ Partnership ☐ Sole-Proprietor ☒ LLC ☐ LLP ☐ Other

N. How many years has your organization been in business? 10

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

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... ☐ Yes ☒ No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... ☐ Yes ☒ No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... ☐ Yes ☒ No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... ☐ Yes ☒ No
b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?..... ☐ Yes ☒ No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... ☐ Yes ☒ No
b. If 'Yes', was the violation determined to be willful?..... ☐ Yes ☐ No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... ☐ Yes ☒ No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... ☐ Yes ☒ No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

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

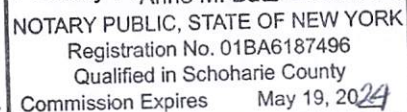
Signature of CEO, Chair, or representative granted legal authority to bind the Entity

Date

Print name and title: Kristin Esterby, Site HR Lead

Sworn to me this: 11 day of February 2022

Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training

MAY 03 2022

Central Office



Apprentice Training Program Registration Agreement

Revision ☒

Nature of Change: New Program

State Use Only
AT Sponsor No. <u>22249</u>
ATP Code <u>32130</u>
Effective Date of AT Program

- Name of Sponsor: GlaxoSmithKline Consumer Healthcare Holdings (US) LLC
- Mailing Address: 3169 RT 145 East Durham NY 12423 Greene
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 518-239-6901 Ext. _____ Fax No.: 518-239-6341
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist
- No. Employees: 325 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1,1:1
- DOT Code: 606-280-022 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard ☒ or Revised ☐
- Minimum Journeyworker Rate: \$ 25 per hour 14. Effective Date of Wages: 1.1.2022

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 type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>
0-7	8-12	13-20	21-24	25-32	33-36	37-44	45-48		
15.00	15.00	17.00	17.00	19.00	19.00	21.00	21.00		

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

17. Kristin Esterby 2/11/2022 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Kristin Esterby, Site HR Lead _____
Print Name and Title Print Name, Title, and Union Name

19. _____ Date
Signature New York State Department of Labor

**NYS Department of Labor
Apprentice Training**

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Central Office

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Department
of Labor

Apprenticeship Training Program

Sponsor Code 22249

Trade Code 32-130

Related Instruction Availability

Trade: Machinist

Sponsor Name: GlaxoSmithKline Consumer Healthcare Holdings LLC

Sponsor Representative: KENNETH DWYER

Sponsor Address:

No. & Street: 3169 RT 145

City: East Durham

County: Greene

State: NY

Zip Code: 12423

Sponsor Telephone No.: 518-239-6901

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL Albany

No. & Street: W. Averell Harriman State Office Campus Building 12, Room 45

City: Albany

State: NY

Zip Code: 12240

Apprentice Training Representative: _____ Date Prepared: 4/22/22

☐ Related instruction is **not** available.

☒ Related instruction is available at:

School

Name: Hudson Valley Community College.

No. & Street: 80 Vandenburg Ave

City: Troy,

State: NY

Zip Code: 12180

School Representative Contact Information:

Name: _____

NYS Department of Labor
Apprentice Training

Telephone No.: _____ Email: _____

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School

Name: _____

Central Office

No. & Street: _____

City: _____

State: _____

Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: _____

No. & S: _____

City: Albany,

State: NY

Zip Code: 12205

Signature of DLEA: _____

Date Prepared: 5/3/2022

Apprentice Training Recruitment Notification and Minimum QualificationsSponsor: GlaxoSmithKline Consumer Healthcare Holdings LLCLocated at: (Address) 3169 RT 145 East Durham NY 12423

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

In the occupation of: (List Trade) MACHINIST**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 High school diploma or equivalency diploma
(such as TACC or GED) (GPA 2.8 minimum on 4.0 scale)Minimum Age: 18 Minimum Education: _____

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

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Algebra and Geometry or 2 units of academic math (GPA 2.8 min in each case) Trigonometry, science and mechanical drawing also recommended. candidate must be eligible to work in us permanently

Other: At the initial application stage, candidates must submit a detailed cover letter highlighting the key skills they could apply to apprenticeship.

Other: Must have reasonable transportation to and from GSK Oakhill site and related instruction Facility

**NYS Department of Labor
Apprentice Training**

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

MAY 03 2022Name: GlaxoSmithKline Consumer Healthcare Holdings LLC**Central Office**

Address: _____

Days: Monday - Friday Times: onlinePhone: (518) 239-6901 Email: _____

Special Instructions:

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Machinist

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

Only those checked apply.

Educational Achievement

- ☒ 10 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- ☒ 10 Points for Each Year of Related Technical Education Past Grade 9 or Equivalent as Recognized by Local Educational Authorities
- ☐ _____ Points for Each Trade Related Adult or Continuing Education Course Completed
- ☐ _____ Other: _____

	Maximum Points Allowable	Number of Years Credited	Score	
Total	40			Total
	20			
	20			

Work Experience

- ☐ _____ Points for Each Year of Trade Related Work Experience
- ☐ _____ Points for Each Year of Active Military Experience
- ☐ _____ Points for Each Year of General Work Experience
- ☐ _____ Other: _____

Total				Total

Seniority

- ☐ _____ Points for Each Year of Employment with The Sponsoring Firm
- ☐ _____ Other: _____

Total				Total

Job Aptitude

- ☐ _____ Name of Aptitude Test: _____
- ☐ _____ Administered by _____
- ☐ _____ Other: _____

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

- ☒ 0-1.5 Ability to Communicate
- ☒ 0-8 Willingness to Accept Obligation of Apprenticeship
- ☒ 0-14 Ability to Reason and Comprehend
- ☒ 0-1.5 Interest and Motivation
- ☐ _____ Other: _____
- ☐ _____ Other: _____

Total	25			Total
	1.5			
	8			
	14			
	1.5			

Total Allowable Points



Total Score →

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: GlaxoSmithKline Consumer Healthcare Holdings LLCSponsor Address: 3169 Route 145 East Durham, NY 12423
 NYS Department of Labor
Apprentice Training

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Non-Discrimination Plan (Short Form)

- A. **Equal Opportunity Pledge:** Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

- B. **Sexual Harassment Prevention Policy:** Our policy is that sexual harassment is **prohibited**. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an **apprentice**, the program's apprenticeship administrator and the NYS Apprenticeship Director **must** be notified of the complaint.

- C. **Minimum Qualifications and Selection Standards:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

- D. **Recruitment:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- ☒ Listing all apprentice openings with the NYS Job Bank (<https://newyork.usnlx.com>) for a minimum of five full working days before selections are made.
- ☐ Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (<https://newyork.usnlx.com>).
- ☐ Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: _____

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

Kristin Esterby

Site HR Lead

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name

GlaxoSmithKline Consumer Healthcare Holdings (US) LLC (Oak Hill Facility)

Sponsor Code 22249

No. of Apprentices

Trade(s)

y Machinist

Trade Code(s)

332-130