



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

NOV 29 2024

Sponsor Information Sheet and Instructions

Central Office

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

Section I

- A. Sponsor name: The Gleason Works
- B. Trade(s): Machinist (CNC), Electro-Mechanical Technician
- 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: The Gleason Works
- 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: 1000 University Ave, P.O. Box 22970
 City/Town: Rochester State: NY Zip Code: 14609
- G. Email: [REDACTED] H. Phone: (585) 256-6868 I. Fax: (585) 256-1714
- 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? 155
- 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:

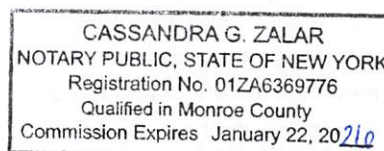
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Kassandra Reed 11/8/2024
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Kassandra Reed, Director, HR

Sworn to me this: 8th day of November, 2024 Cassandra J. Zalar
Signature of Notary Public or Commissioner of Deeds



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Department of Labor

www.labor.ny.gov

NYS Department of Labor
Apprentice Training

NOV 29 2024

Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM APPLICATION, Either S. Fuehrer, or C. Magee are able to make program changes.

State Use Only	
AT Sponsor No.	78114
ATP Code	47-564
Effective Date of AT Program	

- Name of Sponsor: The Gleason Works
- Mailing Address: 1000 University Ave Rochester NY 14607 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: 1000 University Ave Rochester NY 14607 Monroe
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (585) 473-1000 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Electro-Mechanical Technician
- No. Employees: 500 No. Apprentices: 0 No. Journeyworkers: 10 8. Ratio: 1:1;1:1
- DOT Code: 17-3024.00 (ONET CODE) 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$24.00 per hour 14. Effective Date of Wages: 10/10/2024

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	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"/>
No. of Months/Hours:	12	12	12	12						
Wage rate: or, percentage of the journeyworker rate:	\$20.00	\$21.00	\$22.00	\$23.00						

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

17. Chris Magee 10/17/24 18. Stephanie Fuehrer 10/17/24
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Chris Magee - Training Coordinator Stephanie Fuehrer - Talent Acquisition Specialist
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

Received
Apprenticeship Unit
NOV 20 2024

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ROCHESTER
Sponsor Code 78114
Trade Code 47-564

Related Instruction Availability

Trade: Electro-Mechanical Technician
Sponsor Name: The Gleason Works
Sponsor Representative: Chris Magee - Training Coordinator
Sponsor Address:
No. & Street: 1000 University Ave City: Rochester
County: Monroe State: NY Zip Code: 14607
Sponsor Telephone No.: 585-473-1000
Proposed Number of Apprentices: 1

NYS Department of Labor
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AT Office

Name: NYS DOL Apprenticeship Training Unit - Rochester
No. & Street: 276 Waring Road
City: Rochester State: NY Zip Code: 14609
Apprentice Training Representative: Robert Coe Date Prepared: 11/6/24

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

School

Name: Monroe Community College - Applied Technology Ctr
No. & Street: 2485 West Henrietta Rd
City: Rochester State: NY Zip Code: 14623
School Representative Contact Information:
Name: Mike Smith
Telephone No.: (585) 685-6305 Email: [REDACTED]

School

Name: Penn Foster (Online)
No. & Street: www.workforcedevelopment.com
City: _____ State: _____ Zip Code: _____
School Representative Contact Information:
Name: Harold Ayers
Telephone No.: 800-672-9377 Email: _____

DLEA

Name: Shawna Gareau-Kurtz at Monroe 2-Orleans BOCES Center for Workforce Development
No. & Street: 3589 Bio Ridge Road
City: Spencerport Zip Code: 14559
Signature of DLEA: [REDACTED] Date Prepared: 11/14/24

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ROCHESTER



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Gleason Works

Located at: (Address) 1000 University Ave, Rochester, NY 14692

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Electro-Mechanical Technician

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

Minimum Qualifications: HSD or 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:

Human Performance Evaluation (HPE) physical exam and drug testing, through Rochester Work Fit, paid for by the sponsor, at time of offer of employment. Must be able to frequently stand; walk; sit; use hands to finger, handle, or feel; and reach with hands and arms. Must be able to climb or balance; stoop, kneel, crouch, or crawl; and talk or hear.

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

Other: Must be able to frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 40 pounds. Must have specific vision abilities required by this job, which includes close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus. Must be able to work productively within a team environment as well as individually. Must be willing to take direction from Journeyworkers, Team Leaders, and Supervisors.

Other: Must be willing to work in an environment with exposure to moving mechanical parts; wet and/or humid conditions; high, precarious places; fumes or airborne particles; toxic or caustic chemicals; outside weather conditions; extreme heat; risk of electrical shock; and vibration. Must be willing to work in an environment with extremely loud noises. Must have basic computer and keyboarding skills, including knowledge of Microsoft office software (Word, Excel, PowerPoint).

Other: Must be able to read and comprehend detailed work instructions given in English. Must be able to verbally communicate in an effective and technically accurate way, using the English Language. Must be willing to work all shifts. Must have basic math skills such as adding, subtracting, multiplying and dividing in all units of measure, using whole numbers, common fractions, and decimals. Must have reliable transportation to and from work and school. Must be willing and able to attend a minimum of 144 hours of required classes, at the approved school, for each year of training.

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

Name: Chris Magee - Training Coordinator

Central Office

Address: 1000 University Ave, Rochester, NY 14692

Days: Monday through Friday, except legal holidays Times: 9:00 am - 5:00 pm

Phone: (585) 473-1000 Email: _____

Special Instructions:

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

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ROCHESTER



Selection Standards and Evaluations

Name of Candidate: _____ Trade: Electro-Mechanical Technician
 Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	31		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	15		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	8		
<input type="checkbox"/>	Other: _____	8		
		Total		Total
Work Experience				
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of Trade Related Work Experience	29		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Active Military Experience	15		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	10		
<input type="checkbox"/>	Other: _____	4		
		Total		Total
Seniority				
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm			
<input type="checkbox"/>	Other: _____			
		Total		Total
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
	Administered by _____			
<input type="checkbox"/>	Other: _____			
		Total		Total
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	<u>1</u> Ability to Communicate	20		
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	5		
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	5		
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	5		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			
		Total		Total

Total Allowable Points →

80	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: NYS Department of Labor
Apprentice Training

Sponsor Name: The Gleason Works NOV 29 2024

Sponsor Address: 1000 University Ave, Rochester, NY 14692
Central Office

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.

E. **Outreach and Positive Recruitment Plan (if applicable):** Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.


Outreach and Recruitment Activities:

1. Participate in workshops, career day, or job fair events sponsored by employment services, schools, and/or trade related organizations, to include, but not limited to: Rochesterworks, NYSDOL, and BOCES.
2. Grant credit for previously acquired experiences and education.

Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

None.

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

Signature of Sponsor:  10/28/24
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Name: Stephanie Fuehrer Title: Talent Acquisition Specialist (HRM)

Approved by: _____
New York State Department of Labor Date

Sponsor Name: The Gleason Works

Sponsor Code: 78114 Number of Apprentices: 2,0

Trade(s): Machinist (CNC), Electro-Mechanical Technician

Trade Code(s): 32130a, 47-564