



NYSDOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

Central Office New York State
Registered Apprenticeship Training Program

SPONSOR COPY

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: Goodyear Tire & Rubber Company
- B. Trade(s): Instrument and Electrical Mechanic, Plant Maintenance Millwright
- 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: Goodyear Tire & Rubber Company
- 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: 5500 Goodyear Drive
 City/Town: Niagara Falls State: NY Zip Code: 14304
- G. Email: [REDACTED] H. Phone: (716) 236-2649 I. Fax: (716) 236-2621
- 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? 125 yrs
- 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: Mark Kitchen Date: 8/30/23

Print name and title: Mark Kitchen

Sworn to me this: 30 day of August Signature of Notary Public or Commissioner of Deeds: [Signature]



JUSTIN GONKA
Notary Public, State of New York
Qualified in Niagara County
Reg. No. 01G06359105
My Commission Expires 5/22/2025



NYSDOL Use Only: Sponsor No. _____
[] New Program [] Reactivation [] Revision [] Recertification

UNION COPY

New York State
Registered Apprenticeship Training Program

OCT 10 2023

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: Goodyear Tire & Rubber Company
B. Trade(s): Industrial and Electrical Mechanic, Plant Maintenance Millwright
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [X] 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: USW Local 4-0277
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [X] Union [] JAC/JATC [] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 110 24th Street
City/Town: Niagara Falls State: NY Zip Code: 14303
G. Email: H. Phone: I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [X] Other
N. How many years has your organization been in business? 125 yrs
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: George W. Hall Date: 9/6/2023

Print name and title: George W. Hall Local Union President

Sworn to me this: 6 day of SEPTEMBER Signature of Notary Public or Commissioner of Deeds: [Signature]



JUSTIN GONKA
 Notary Public, State of New York
 Qualified in Niagara County
 Reg. No. 01GO6359105
 My Commission Expires 5/22/2025
 OCT 10 2023
 Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

Work Process Revision

State Use Only	
AT Sponsor No.	<u>72571</u>
ATP Code	<u>56-501</u>
Effective Date of AT Program	

NYS Department of Labor
Apprentice Training

OCT 10 2023

Central Office

- Name of Sponsor: The Goodyear Tire & Rubber Company
- Mailing Address: 5500 Goodyear Dr. Niagara Falls NY 14304 Niagara
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (716) 236-2660 Ext. _____ Fax No.: (716) 236-2650
- E-mail Address: [REDACTED]
- Trade/Occupation: Instrument and Electrical Mechanic
- No. Employees: 68 No. Apprentices: 1 No. Journeyworkers: 1 8. Ratio: 1:1;1:1
- DOT Code: 638.281-018 10. Length of Program: 45 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ Per per CBA 14. Effective Date of Wages: 12/12/2022
- 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 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"/>
per	cba								

Received
Apprenticeship Unit
SEP 19 2023
BUFFALO

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

17. Mark Kitchen 8/24/23
Signature of Official Sponsor Representative Date
Mark Kitchen HR Manager
Print Name and Title

18. George Hale 8/30/23
Signature of Union Representative Date
USW 4-0277 President - George Hale
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code 72571

Trade Code 69419; 56501

Related Instruction Availability

Trade: Instrument and Electrical Mechanic; Plant Maintenance-Millwright

Sponsor Name: The Goodyear Tire & Rubber Company

Sponsor Representative: Mark Kitchen - HR Manager

Sponsor Address:

No. & Street: 5500 Goodyear Dr

City: Niagara Falls

County: Niagara

State: NY

Zip Code: 14304

Sponsor Telephone No.: 716-236-2660

Proposed Number of Apprentices: 4 (PMM); 1(IEM)

AT Office

Name: Western - Buffalo

No. & Street: 290 Main St

City: Buffalo

State: NY

Zip Code: 14202

Apprentice Training Representative: 

Date Prepared: 10/31/23

Related instruction is **not** available.

Related instruction is available at:

School

Name: Orleans-Niagara BOCES

No. & Street: 3181 Saunders Settlement Rd.

City: Sanborn

State: NY

Zip Code: 14132

School Representative Contact Information:

Name: Clement Hutchinson

Telephone No.: _____

Email: 

School

Name: Niagara County Community College

No. & Street: 3111 Saunders Settlement Rd

City: Sanborn

State: NY

Zip Code: 14132

School Representative Contact Information:

Name: Brian Michel

Telephone No.: _____

Email: 

DLEA

Name: Clement Hutchinson

No. & Street: 3181 Saunders Settlement Rd.

City: Sanborn

Zip Code: 14132

Signature of DLEA 

Date Prepared: 10/31/23



Apprentice Training Recruitment Notification and Minimum Qualifications

OCT 10 2023

Sponsor Code 72571

Trade Code _____

Central Office

The Goodyear Tire & Rubber Company, located at

(Sponsor)

5500 Goodyear Dr. Niagara Falls, New York 14304

(Address)

is presently accepting applications for an estimated 1 apprentice training positions in

(No. of Openings)

the occupation of Instrument and Electrical Mechanic

(Trade)

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

Minimum Qualifications

Minimum Age: 18

Minimum Education: High School Equivalency Diploma such as TASC or GED

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

Company Physical

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

Other:

Must be a current employee of the company

Other:

Candidates must successfully complete a written mechanical and electrical comprehensive test (Ramsey test), followed by a practical test given by the company.

Other:

Scores on each individual test must be at least 65%. The average of all scores for a Industrial and Electrical Mechanic must be at least 75%.

Application Forms May be Obtained From:

Dates: From: _____ To: _____

Name: The Goodyear Tire & Rubber Company

Days: _____

Address:

Times: _____

5500 Goodyear Dr.
Niagara Falls, New York 14304

Phone Number: (716) 236 - 2660

Email Address: _____

Special Instructions:

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



Selection Standards and Evaluations

Name of Candidate	Trade Instrument and Electrical Mechanic		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input type="checkbox"/> ___ Points for Each Year of Education Past Grade ___ or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> ___ Points for Each Year of Related Technical Education Past Grade ___ or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> ___ Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> ___ Other _____	Total				Total
Work Experience <input type="checkbox"/> ___ Points for Each Year of Trade Related Work Experience <input type="checkbox"/> ___ Points for Each Year of Active Military Experience <input type="checkbox"/> ___ Points for Each Year of General Work Experience <input type="checkbox"/> ___ Other _____	Total				Total
Seniority <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> ___ Other _____	Total	30			Total
Job Aptitude <input type="checkbox"/> ___ SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> ___ Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> ___ Other _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input type="checkbox"/> ___ Ability to Communicate <input type="checkbox"/> ___ Willingness to Accept Obligation of Apprenticeship <input type="checkbox"/> ___ Ability to Reason and Comprehend <input type="checkbox"/> ___ Interest and Motivation <input type="checkbox"/> ___ Other _____ <input type="checkbox"/> ___ Other _____	Total				Total

Total Allowable Points **→**

30	Total Score →	
----	---------------	--

Rank _____

Evaluated by _____ Date _____
(Name)

Sponsor Name The Goodyear Tire & Rubber Company

Sponsor Address 5600 Goodyear Dr . Niagara Falls, NY 14304

AT 508 (5-16)

Department of Labor
Apprentice Training

OCT 10 2023

Central Office



OCT 10 2023

Central Office

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 (www.newyork.us.jobs/) 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 (www.newyork.us.jobs/).
- 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:  8/24/2023
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Mark Kitchen - HR Manager
Print Name and Title

Approved by: _____
NYS Department of Labor Date

Sponsor Name The Goodyear Tire & Rubber Company Sponsor Code 72571 No. of Apprentices _____
Trade(s) Instrument and Electrical Mechanic Trade Code(s) 56-501