



NYS DOL Use Only: Sponsor No. \_\_\_\_\_
[X] New Program [ ] Reactivation [ ] Revision [ ] Recertification

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: Harpursville Central Schools

B. Trade(s): School Administrator (Building Administrator)

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

- 1. [X] Individual Non-Joint 2. [ ] Individual Joint 3. [ ] Group Non-Joint\* 4. [ ] Group Joint (JAC/JATC)\*

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

D. Name of entity completing this form: Harpursville Central Schools

E. Entity completing this form (check one):

- [X] Individual Employer/Sponsor [ ] Union [ ] JAC/JATC [ ] Association

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

F. Mailing address: Street: PO Box 147

City/Town: Harpursville State: NY Zip Code: 13787

G. Email: [Redacted] H. Phone: (607) 693-8105 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? [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? 92

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]* \_\_\_\_\_ 9/18/24 \_\_\_\_\_  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Heath Georgia, Superintendent of Schools \_\_\_\_\_

Sworn to me this: 18 day of September \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds

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Field - Receipt Date Stamp

**TABAITHA RHODES**  
 Notary Public, State of New York  
 Reg. No. 01RH6358065  
 Qualified in Broome, NY County  
 Commission Expires 05-01-2025

NYS Department of Labor  
 Apprentice Training

SEP 30 2024

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Central Office

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<u>89-626 C</u>
Effective Date of AT Program	

1. Name of Sponsor: Harpurville Central Schools

2. Mailing Address: PO Box 147 Harpurville NY 13787 Broome  
(number & street) (city) (state) (zip code) (county)

3. Actual Address: 54 Main Street Harpurville NY 13787 Broome  
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: (607) 693-8105 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_

5. E-mail Address: [REDACTED]

6. Trade/Occupation: School Administrator (Building Administrator)

7. No. Employees: 150 No. Apprentices: 1 No. Journeyworkers: 6 8. Ratio: 1:1;1:1

9. DOT Code: \_\_\_\_\_ 10. Length of Program: 12/18 months Competency

11. Apprentice Probationary Period: 4.5 months 12. Work process: Standard  or Revised

13. Minimum Journeyworker Rate: \$97,000 per year 14. Effective Date of Wages: 09/18/2024

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 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"/>
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:	1-10	11-18								
Wage rate: or, percentage of the journeyworker rate:	6,840	7,113								

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

17. Kristine Conrow 9/17/2024  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Kristine Conrow - Principal  
Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date



SEP 30 2024 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. ATP Code 89-626C

Form I: Apprenticeship Agreement details including program sponsor (Harpursville Central Schools), address, trade type (Competency-based), start date, and wage information.

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

Table with 10 columns representing periods and rows for wage progression data.

Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form. Includes dates 9/18/24 and signature of Kristine Cow.

Registered by the New York State Department of Labor:

State Use Only box for tracking document flow (To ATC, To DLEA, Rank Verify, Data Entry).

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause Quit Layoff Program Termination Transfer

Completion or Termination Date Comments

State Use Only box for tracking document flow (To ATC, To DLEA, Data Entry).

Signature of Official Sponsor Representative Date Print Name

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

III. RI Completion

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

State Use Only box for tracking document flow (To ATC, To DLEA, Data Entry).

Signature of DLEA Representative Date Print Name

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SEP 30 2024

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Sponsor Code \_\_\_\_\_

Trade Code B9-326C

## Related Instruction Availability

Trade: School Administrator (Building Administrator)

Sponsor Name: Harpursville Central Schools

Sponsor Representative: Kristine Conrow

Sponsor Address:

No. & Street: 54 Main Street City: Harpursville

County: Broome State: NY Zip Code: 13787

Sponsor Telephone No.: (607) 693 - 8105

Proposed Number of Apprentices: 1

AT Office

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Apprentice Training Representative: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Related instruction is not available.

Related instruction is available at:

School

Name: SUNY Cortland

No. & Street: PO Box 2000

City: Cortland State: NY Zip Code: 13045

School Representative Contact Information:

Name: Joe Menard

Telephone No.: (607) 753 - 2131 Email: [REDACTED]

School

Name: Binghamton University

No. & Street: 4400 Vestal Parkway East

City: Binghamton State: NY Zip Code: 13902

School Representative Contact Information:

Name: Suzanne McLeod

Telephone No.: (607) 777 - 2277 Email: [REDACTED]

DLEA

Name: Christie Davis

No. & Street: SUNY FMCC - FULTON-MONTGOMERY COMMUNITY COLLEGE

City: Johnston State: NY Zip Code: 12095

Signature of DLEA [REDACTED] Date Prepared: 10/10/24

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Apprentice Training  
SEP 30 2024  
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Sponsor Code: \_\_\_\_\_

Trade Code: 89 026 C

## Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Harpurville Central Schools

Located at: (Address) 54 Main Street Harpurville NY 13787

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

In the occupation of: (List Trade) School Administrator (Building Administrator)

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

**Bachelors Degree in Education and 3 years experience**

### Minimum Qualifications

Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

N/A

(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: NYS Initial teacher or pupil personnel certification

Other: Acceptance into a partnering administration certificate program

Other: 3 years classroomor pupil personnel service experience

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Tabby Rhodes

Address: 54 Main Street

Days: Monday - Friday Times: 9am - 3pm

Phone: (607) 693-8112 Email: [REDACTED]

Special Instructions:

All Applications Must be (please check)  Received  Postmarked **No Later Than:** \_\_\_\_\_

NYS Department of Labor  
Apprentice Training  
SEP 30 2024

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Sponsor Code \_\_\_\_\_

Trade Code(s) 89 626 C

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: School Administrator (Building Administrator)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>		<b>Total</b>	10		<b>Total</b>
<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 checked="" type="checkbox"/>	<u>10</u> Other: <u>Masters Degree in Education</u>	10			
<b>Work Experience</b>		<b>Total</b>	20		<b>Total</b>
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	5			
<input type="checkbox"/>	Points for Each Year of Active Military Experience				
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5			
<input checked="" type="checkbox"/>	<u>10</u> Other: <u>Successfully complete a full year as a teacher on special assignment in an administrative capacity.</u>	10			
<b>Seniority</b>		<b>Total</b>	30		<b>Total</b>
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	20			
<input checked="" type="checkbox"/>	<u>10</u> Other: <u>Letter of recommendation from the superintendent.</u>	10			
<b>Job Aptitude</b>		<b>Total</b>			<b>Total</b>
<input type="checkbox"/>	Name of Aptitude Test: _____ Administered by _____				
<input type="checkbox"/>	Other: _____				
<b>Oral Interview: Not to Exceed 40% of Total Score</b>		<b>Total</b>	40		<b>Total</b>
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points → 

100	Total Score →
-----	---------------

Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name) Date: \_\_\_\_\_

Sponsor Name: Harpurville Central Schools

Sponsor Address: 54 Main Street Harpurville, NY 13787

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SEP 30 2024

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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.

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:**

NYS Department of Labor  
Apprentice Training

SEP 30 2024

Central Office

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

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

Signature of Sponsor:  9/18/24  
Date

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

Name: Heath Georgia Title: Superintendent

Approved by: \_\_\_\_\_  
New York State Department of Labor Date

Sponsor Name: Harpurville Central Schools

Sponsor Code: \_\_\_\_\_ Number of Apprentices: 1

Trade(s): School Administrator (Building Administrator)

Trade Code(s): \_\_\_\_\_