



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

New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

NYS Department of Labor Apprentice Training

FEB 08 2024

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: Heritage Ministries Management Company (Heritage Ministries)
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
D. Name of entity completing this form: Heritage Ministries Management Company
E. Entity completing this form (check one): Individual Employer/Sponsor
F. Mailing address: Street: 4600 Rte. 60 PO BOX 350
G. Email: [Redacted] H. Phone: (716) 386-7233 I. Fax: (716) 985-6613
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
M. Type of Entity (check one and provide attachments as noted in the instructions): Corporation
N. How many years has your organization been in business? 16
O. Within the past five (5) years, have you done business under a different name? 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? No

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? No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? 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 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.

Lisa Haglund 01/18/2024
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Lisa Haglund, CEO

Sworn to me this: 18th day of January 2024 *Melissa L Seavy*
Signature of Notary Public or Commissioner of Deeds



MELISSA L. SEAVY
 Notary Public, State of New York
 No 01SF-6183313
 Qualified in Chautauque County
 Commission Expires March 17, 20 27



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New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training

FEB 08 2024

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: Heritage Ministries Management Company (Heritage Ministries)
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one): 3. [X] Group Non-Joint*
D. Name of entity completing this form: Heritage Village Rehab and Skilled Nursing, Inc.
E. Entity completing this form (check one): [X] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 4570 Rt 60
City/Town: Gerry State: NY Zip Code: 14740
G. Email: [REDACTED] H. Phone: (716) 386-7233 I. Fax: (716) 985-6613
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): [X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 16
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] No

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

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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
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 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

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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.

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

01/18/2024
 Date

Print name and title: Lisa Haglund, CEO

Sworn to me this: 18th day of January 2024 *Melissa Seavy*
 Signature of Notary Public or Commissioner of Deeds



MELISSA SEAVY
 Notary Public, State of New York
 No. 0151-6183313
 Qualified in Chautauque County
 Commission Expires March 17, 2027



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

NYS Department of Labor Apprentices Training

New York State

Registered Apprenticeship Training Program

FEB 08 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 Gerry Homes The Gerry Home Heritage Ministries Management Company
B. Trade(s): Certified Nursing Assistant (Heritage Ministries)
C. Type of Apprenticeship Training Program (check one):
1. [X] Individual Non-Joint 2. [] Individual Joint 3. [X] 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 Gerry Homes
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: 4600 Rte 60
City/Town: Gerry State: NY Zip Code: 14740
G. Email: [redacted] H. Phone: (716) 386-7233 I. Fax: (716) 985-6613
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):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 137
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

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

01/18/2024
 Date

Print name and title: Lisa Haglund, CEO

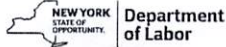
Sworn to me this: 18th day of January 2024

Melissa Stavy
 Signature of Notary Public of Commissioner of Deeds



MELISSA I STAVY
 Notary Public, State of New York
 No 01SF6183313
 Qualified in Chautauqua County
 Commission Expires March 17, 2027

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www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	80-611C
Effective Date of AT Program	

- Name of Sponsor: Heritage Ministries
- Mailing Address: P.O. Box 350 Gerry NY 14740 Chautauqua
(number & street) (city) (state) (zip code) (county)
- Actual Address: 4600 Rte. 60 Gerry NY 14740 Chautauqua
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 716.386.7233 Ext. _____ Fax No.: 716.985.6613
- E-mail Address: _____
- Trade/Occupation: Certified Nursing Assistant
- No. Employees: 645 No. Apprentices: _____ No. Journeyworkers: 25 8. Ratio: 1:1;1:1
- DOT Code: 355.674-014 10. Length of Program: Comp months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 18 per hour 14. Effective Date of Wages: 01/01/2024

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"/> 0-500	H <input checked="" type="checkbox"/> 501-cmpltn	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"/>
15.00	15.10								

Received
Apprenticeship Unit
FEB 2 2024
Received
Apprenticeship Unit
BUFFALO
FEB 2 2024

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

17. [Signature] 01/18/2024 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Danelle Padd, Dir. Training & Employee Development
Print Name and Title 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 _____

Trade Code 80-611C

Related Instruction Availability

Trade: Certified Nursing Assistant

Sponsor Name: Heritage Ministries

Sponsor Representative: Danelle Padd

Sponsor Address:

No. & Street: 4600 Rte. 60 P.O. Box 350 City: Gerry

County: Chautauqua State: NY Zip Code: 14740

Sponsor Telephone No.: (716) 386-7233

Proposed Number of Apprentices: _____

AT Office

Name: NYSDOL Apprenticeship Training

No. & Street: 290 Main Street-Mezzanine

City: Buffalo State: NY Zip Code: 14202

Apprentice Training Representative: [REDACTED] Date Prepared: 2/8/24

Related instruction is **not** available.

Related instruction is available at:

School

Name: Heritage Ministries

No. & Street: 4600 Rte. 60 P.O. Box 350

City: Gerry State: NY Zip Code: 14740

School Representative Contact Information:

Name: Danelle Padd

Telephone No.: (716) 386-7233 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Kimberly Fiato

No. & Street: Erie 2 - Chautauqua-Cattaraugus BOCES 8685 Erie Road

City: Angola State: NY Zip Code: 14006

Signature of DL [REDACTED] Date Prepared: 2/8/24

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www.labor.ny.gov

Sponsor Code: _____

Trade Code: 80-611C

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Heritage Ministries

Located at: (Address) 4600 Rte 60, Gerry, NY 14740

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 15

In the occupation of: (List Trade) Certified Nursing Assistant

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 a High School diploma 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:
Pre-employment physical with a physician or NP and immunization record check (including COVID and TB screening) to be completed after the position is offered and before the employee can begin work and paid for by The Gerry Homes; criminal background check to be completed after the position is offered and before the employee can begin work and paid for by The Gerry Homes; drug screen to be conducted only for reasonable suspicion or articulable symptoms and paid for by The Gerry Homes.

(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 write, read, hear and understand verbal and written instructions/ warnings given in English.

Other: Ability to push wheelchairs with varying weight, potentially up to 600 pounds

Other:

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

Name: Danelle Padd

Address: 4600 Rte 60, Gerry, NY 14740

Days: M-F Times: 8am-5pm

Phone: (716) 386-7233 Email: _____

Special Instructions:

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: _____

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

<p>Only those checked apply.</p> <p>Educational Achievement</p> <p><input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed</p> <p><input type="checkbox"/> <u> </u> Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Maximum Points Allowable</th> <th style="width:15%;">Number of Years Credited</th> <th style="width:15%;">Score</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align:right;">Total</td> <td style="text-align:center;">12</td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align:left;">Total</td> </tr> <tr> <td></td> <td style="text-align:center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		Total	12			Total		4					4					4													
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<p>Job Aptitude</p> <p><input type="checkbox"/> <u> </u> Name of Aptitude Test: _____</p> <p>Administered by _____</p> <p><input type="checkbox"/> <u> </u> Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align:right;">Total</td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align:left;">Total</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total			Total																															
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<p>Oral Interview: Not to Exceed 40% of Total Score</p> <p><input checked="" type="checkbox"/> <u>1</u> Ability to Communicate</p> <p><input checked="" type="checkbox"/> <u>1</u> Willingness to Accept Obligation of Apprenticeship</p> <p><input type="checkbox"/> <u> </u> Ability to Reason and Comprehend</p> <p><input checked="" type="checkbox"/> <u>1</u> Interest and Motivation</p> <p><input checked="" type="checkbox"/> <u>1</u> Other: <u>Ability to interact appropriately and professionally with staff, residents, visitors, vendors, volunteers, and the public</u></p> <p><input checked="" type="checkbox"/> <u>1</u> Other: <u>Ability to meet deadlines and handle stressful situations.</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align:right;">Total</td> <td style="text-align:center;">15</td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align:left;">Total</td> </tr> <tr> <td></td> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total	15			Total		3					3					3					3					3					3			
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Total Allowable Points →

45	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Heritage Ministries

Sponsor Address: 4600 Rt. 60 Gerry, NY 14740



Sponsor Code _____
Trade Code(s) 80-611C

New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

New Program Amended Renewal

To be Administered by (Sponsor's Name): Heritage Ministries

Address: 4600 Rte. 60 Gerry State: NY Zip: 14740

Plan is effective: From: _____ To: _____

Received
Apprenticeship Unit

FEB 2 2024

On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.

BUFFALO

Signature of Sponsor: *Lisa M. Haglund* Date: 1/18/24

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

Print Name: Lisa Haglund

Title: CEO

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

NYS Department of Labor
Apprentice Training

FEB 08 2024

Central Office

Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 589,040 in the following county(counties):

<u>Allegany</u>	<u>Erie</u>	<u> </u>
<u>Cattaraugus</u>	<u> </u>	<u> </u>
<u>Chautauqua</u>	<u> </u>	<u> </u>

The labor force includes:*

Minorities

African American	<u>53,238</u>	<u>9.04</u>	%
Hispanic	<u>23,895</u>	<u>4.06</u>	%
Other Minorities**	<u>24,752</u>	<u>4.2</u>	%
Total Minorities	<u>101,885</u>	<u>17.3</u>	%
Women	<u>288,070</u>	<u>48.9</u>	%

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: 17.3 %
 Goal for Women: 6.9 %

NYS Department of Labor
 Apprenticeship Training

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* 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 Certified Nurse Assistant

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
New Positions							
Vacancies from Turnover**							
Total 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:*

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

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.

NYS Department of Labor
Apprentice Training

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* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).