



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 Apprenticeship Training

OCT 05 2021

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: Infinity Contracting Services, Corp.
B. Trade(s): HVAC Mechanic
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: Infinity Contracting Services, Corp.
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: 112-20 14th Avenue
City/Town: College Point State: NY Zip Code: 11356
G. Email: [redacted] H. Phone: (718) 762-3200 I. Fax: (718) 762-3232
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
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 _____ Date 9/14/2021

Print name and title: Shirley Wu

Sworn to me this: 14th day of September 2021 _____
 Signature of Notary Public or Commissioner of Deeds



Ingrid Gradwohl
 Signature of Notary Public or Commissioner of Deeds

NYS Department of Labor
 Apprenticeship Training
 OCT 05 2021
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INGRID GRADWOHL
 Notary Public, State of New York
 Registration #01GR6326197
 Qualified In Queens County
 Commission Expires 4/15/23

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	56-458
Effective Date of AT Program	

- Name of Sponsor: Infinity Contracting Services Corp.
- Mailing Address: 112-20 14th Avenue College Point NY 11356 Queens
(number & street) (city) (state) (zip code) (county)
- Actual Address: 112-20 14th Avenue College Point NY 11356 Queens
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 718-762-3200 Ext. _____ Fax No.: 718-762-3232
- E-mail Address: _____
- Trade/Occupation: HVAC Mechanic
- No. Employees: 125 No. Apprentices: 0 No. Journeyworkers: 8 8. Ratio: 1:1:1:3
- DOT Code: 637.261.014 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 30.00 per hour 14. Effective Date of Wages: 9/14/2021

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"/> 2000	H <input checked="" type="checkbox"/> 2000	H <input checked="" type="checkbox"/> 2000	H <input checked="" type="checkbox"/> 2000	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
16.00	18.00	20.00	22.00						

NEW YORK STATE DEPARTMENT OF LABOR
APPRENTICE TRAINING OFFICE

SEP 30 2021

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

SEP 30 2021

17. Shirley Wu, President/CEO 09/14/2021 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

OCT 05 2021

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Sponsor Code _____
Trade Code ATP Code 56-458

NYS Department of Labor
Apprenticeship Training Office

Related Instruction Availability

Trade: HVAC Mechanic ATP Code 56-458
Sponsor Name: Infinity Contracting Services, Corp.
Sponsor Representative: Shirley Wu
Sponsor Address:
No. & Street: 112-20 14th Avenue City: College Point
County: Queens State: NY Zip Code: 11356
Sponsor Telephone No.: 718-762-3200
Proposed Number of Apprentices: 0

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AT Office

Name: New York State Department of Labor/DEWS Apprenticeship Training Program
No. & Street: 9 Bond Street, 4th Floor, Room 4570
City: Brooklyn State: NY Zip Code: 11201
Apprentice Training Representative: [REDACTED] Date Prepared: 9/14/21

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

School

Name: Percy Jobs and Careers
No. & Street: SUNY Maritime College, 6 Pennyfield Avenue, Fort Schuyler
City: Bronx State: NY Zip Code: 10465
School Representative Contact Information:
Name: Glenn B. Block
Telephone No.: (O)315-235-1737 (M)315-723-7649 Email: [REDACTED]

NYS Department of Labor
Apprentice Training

OCT 05 2021

School

Name: Penn Foster
No. & Street: 925 Oak Street
City: Scranton State: PA Zip Code: 18515
School Representative Contact Information:
Name: Harold Ayers
Telephone No.: 800-672-9377 Email: [REDACTED]

Central Office

DLEA

Name: [REDACTED]
No. & Street: 475 Nostrand Avenue, Room 125
City: Brooklyn State: NY Zip Code: 11216
Signature of DLEA _____ Date Prepared: _____

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Apprentice Training

OCT 05 2021

Central Office
Apprentice Training

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code ATP Code 56-458

Infinity Contracting Services Corp., located at _____

(Sponsor)

112-20 14th Avenue, College Point, New York 11356

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in
(No. of Openings)

the occupation of HVAC 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: TASC, GED or High School Diploma

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

N/A

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Apprenticeship Training Office

SEP 30 REC'D

NYC

SEP 30 2021

(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 at least 18 years old at the time of enrollment in apprenticeship. Valid ID will be required at that time.

Other: Must have a High School diploma or High School equivalency diploma (such as TASC or GED). Proof will be required with application.

Other: Must have a valid NYS Drivers License. Apprentices may be required to operate company vehicles.

Application Forms may be obtained from: From: _____ To: _____

Name: Infinity Contracting Services Corp. Days: Monday- Friday, excluding Holidays

Address: 112-20 14th Avenue
College Point, NY 11356 Times: 7:00am-3:30pm

Phone Number: (718) 762-3200 Email Address: _____

Special Instructions: Attn: Shirley Wu

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

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Department
of Labor

Sponsor Code _____
Trade Code(s) ATP Code 56-458

Selection Standards and Evaluations

Name of Candidate	Trade HVAC Mechanic		
Address	City	State	Zip

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

Total Allowable Points →

100	Total Score →
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Evaluated by _____
Name

Rank _____
Date 9/14/21

Sponsor Name Infinity Contracting Services, Corp.

Sponsor Address 112-20 14th Avenue, College Point, New York 11356

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 Apprenticeship Training
 SEP 30 2021
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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 (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: _____ Date: 09/14/2021

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

Shirley Wu _____ President/CEO
Print Name and Title

Approved by: _____ Date: _____
New York State Department of Labor

Sponsor Name Infinity Contracting Services, Corp. Sponsor Code _____ No. of Apprentices 0

Trade(s) HVAC Mechanic Trade Code(s) ATP 56-458

AT 602 (11/20)

NYS Department of Labor
Apprentice Training

OCT 05 2021

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