



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

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

MAR 05 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 Information Lab US, Inc.
B. Trade(s): Data Analyst
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: The Information Lab US
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: 124 E 14th Street, Floor 4
City/Town: New York State: NY Zip Code: 10003
G. Email: [REDACTED] H. Phone: (347) 803-8894 I. Fax:
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? 13
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 02 / 21 / 2024
Date

Print name and title: _____

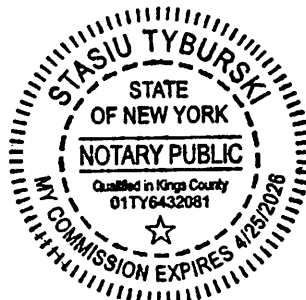
Sworn to me this: 21 day of February 2024

Stasiu Tyburski

 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp



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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	<u>90-565 C</u>
Effective Date of AT Program	

- Name of Sponsor: The Information Lab US, Inc
- Mailing Address: 124 E 14th St, Floor 4 New York NY 10003 New York
(number & street) (city) (state) (zip code) (county)
- Actual Address: 124 E 14th St, Floor 4 New York NY 10003 New York
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 347-799-7678 Ext. _____ Fax No.: N/A
- E-mail Address: [REDACTED]
- Trade/Occupation: Data Analyst
- No. Employees: 269 No. Apprentices: 1 No. Journeyworkers: 155 8. Ratio: 1;1;1:1
- DOT Code: 15-2031.00 10. Length of Program: 17 competency months
- Apprentice Probationary Period: 4 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 32.50 per hour 14. Effective Date of Wages: 1/01/2024

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"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" 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"/>
<u>3000</u>	<u>3000</u>									
<u>31.20</u>	<u>32.50</u>									

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

17. [REDACTED] 2/21/24 18. _____
Date Signature of Union Representative Date

Collin Smith - Head of Recruitment N/A
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Sponsor Code _____
Trade Code 90-565 c

Apprenticeship Training Program

Related Instruction Availability

Trade: Data Analyst
Sponsor Name: The Information Lab US, Inc.
Sponsor Representative: Collin Smith
Sponsor Address:
No. & Street: 124 14th Street Fl 4 City: New York
County: NY State: NY Zip Code: 10003
Sponsor Telephone No.: 347 799 7678
Proposed Number of Apprentices: 1
AT Office
Name: NYS DOL
No. & Street: 199 Church Street
City: NY State: NY Zip Code: 10007
Apprentice Training Representative: _____ Date Prepared: 11/7/23

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

School
Name: The Information Lab US
No. & Street: 124 14th Street Fl 4
City: NY State: NY Zip Code: 10003
School Representative Contact Information:
Name: Collin Smith
Telephone No.: 3477997978 Email:

School
Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____
Central Office

DLEA
Name: NYC Dept. of Ed Citywide Office D79 Alt. Schools and Programs
No. & Street: 90-01 Sutphin Blvd., 2nd Fl Rm #229
City: Jamaica State: NY Zip Code: 11433
Signature of DLEA Date Prepared: 2/7/24



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Apprenticeship Agreement

I. Apprenticeship Agreement

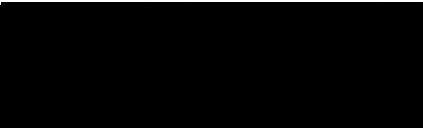
Sponsor No. _____ ATP Code _____

	1. Name of Program Sponsor The Information Lab US, Inc		
	Physical address of Program Sponsor (no. and street) 124 E 14th Street, Floor 4		
	City New York	County New York	State Zip code NY, 10003
	Mailing address of Program Sponsor (no. and street) 124 E 14th Street, Floor 4		
	City New York	County New York	State Zip code NY
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Data Analyst			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Trade _____ State _____	3. Start Date	4. Length of program (Months) 17	5. DOL Apprentice Probation Period for Completion Rates (Months) 4
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) The Information Lab US, Inc -- 124 E 14th Street, Floor 4, New York, NY		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate \$32.50
8. Credit for previous training or experience: 0 Months 0 Points 0 Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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

1	2	3	4	5	6	7	8	9	10
3000	150								
31.20	32.50								

Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.



 (Signature if age 16-17) Date 2/21/24 Signature of Official Sponsor Representative [Signature] Date 2/21/24

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor Date _____

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 (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____
Comments _____

State Use Only		
	Date	Init.
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.

STATE USE ONLY

III. RI Completion

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

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

 Signature of DLEA Representative Date _____ Print Name _____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Information Lab US, Inc

Located at: (Address) 124 E 14th St, Floor 4, New York, NY 10003

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Data Analyst

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 a 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:

(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 have reliable means of transportation to and from work**

Other:

Other:

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

Name: The Information Lab US, Inc

Address: 124 E 14th St, Floor 4, New York, NY 10003

Days: Mon-Sun Times: www.thedataschool.com/apply

Phone: _____ Email: [REDACTED]

Special Instructions:

Please apply online at <https://www.thedataschool.com/apply>

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



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

New Program Amended Renewal

To be Administered by (Sponsor's Name): The Information Lab US, Inc

Address: 124 E 14th St, Floor 4 State: NY Zip: 10003

Plan is effective: From: 2/1/24 To: 2/1/26

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

Signature of Sponsor:  Date: 2/21/24

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: Collin Smith

Title: Head of Recruitment

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

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Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 4,104,335 in the following county(counties):

Bronx	Richmond	
New York	Queens	
Kings		

The labor force includes:*

Minorities

African American	<u>925,495</u>	<u>22.55</u>	%
Hispanic	<u>1,076,895</u>	<u>26.24</u>	%
Other Minorities**	<u>619,823</u>	<u>15.10</u>	%
Total Minorities	<u>2,622,213</u>	<u>63.89</u>	%
Women	<u>1,997,905</u>	<u>48.68</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:	<u>63.89</u>	%
Goal for Women:	<u>6.9</u>	%

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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 Data Analyst

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.

* 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).

Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
An area-wide public recruitment will publicize the following information:
 - a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached** to be **submitted to the Commissioner of Labor** for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. *

- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

- 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

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* Sponsors are advised to keep all applications for a **minimum of one year**.

** A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.