



NYS DOL Use Only: Sponsor No. _____
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.

NYS Department of Labor
Registered Apprenticeship Training

JUN 27 2023

Section I

A. Sponsor name: I.N.N. CONSTRUCTION CORP.

B. Trade(s): Site safety manager Central Office

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: I.N.N CONSTRUCTION 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: 1 CASTALDI COURT
City/Town: BETHPAGE State: NY Zip Code: 11714

G. Email: [REDACTED] H. Phone: (516) 597-5690 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):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other

N. How many years has your organization been in business? 10

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 Nosheen Kanwal Date 6/6/23

Print name and title: NOSHEEN KANWAL / PRESIDENT

Sworn to me this: 6th day of June 2023

Signature of Notary Public or Commissioner of Deeds [Signature]

NYS DOL Official Use Only
Received
Hicksville, L.I.
JUN 06 2023
NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT
 Field - Receipt Date Stamp

YASHEEN LATIF
 Notary Public - State of New York
 No. 01LA6163003
 Qualified in Kings County
 My Comm. Expires Mar. 19, 2027

NYS Department of Labor
 Apprentice Training
JUN 27 2023

6/6/2023

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

State Use Only	
AT Sponsor No.	
ATP Code	89-SSO
Effective Date of AT Program	

1. Name of Sponsor: I.N.N. CONSTRUCTION CORP.
2. Mailing Address: 1 CASTALDI CT. BETHPAGE NY 11714 NASSAU
(number & street) (city) (state) (zip code) (county)
3. Actual Address: same as above
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 5165975690 Ext. _____ Fax No.: _____
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Site safety manager
7. No. Employees: 7 No. Apprentices: 1 No. Journeyworkers: 1 8. Ratio: 1:1;1:1
9. DOT Code: _____ 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 23.55 per hour 14. Effective Date of Wages: 04/21/2023

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"/> 0-2000	H <input checked="" type="checkbox"/> 2001-4000	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"/>
23.00	23.50								

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

17. [Signature] 6/6/23 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

NOSHEEN KANWAL/ PRESIDENT _____
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

JUN 27 2023

Central Office



JUN 27 2023

Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office

Sponsor No. _____

ATP Code

89-550

	1. Name of Program Sponsor Nosheen kanwal		
	Physical address of Program Sponsor (no. and street) 1 Castaldi Court		
	City Bethpage	County Nassau	State Zip code NY 11714
	Mailing address of Program Sponsor (no. and street) same as above		
	City	County	State Zip code
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Site Safety Manager			
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) 24 months	5. DOL Apprentice Probation Period for Completion Rates (Months) 6 months
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) (Hostos community college, 560 Exterior Street, Bronx, NY) & (New York City College of Technology, 300 Jay St. Brooklyn, NY)		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate 23.55 per hour
8. Credit for previous training or experience: _____ Months _____ Points _____ 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
0-2000	2001-4000								
23.00	23.50								

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

Signature of Apprentice and Parent/Guardian if age 16-17 _____ Date 5/6/23 Signature of Official Sponsor Representative _____ Date 6/16/23

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____ Date _____

State Use Only	
Date	Init.
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 (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.

Signature of DLEA Representative _____ Date _____ Print Name _____

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

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Apprenticeship Training Program

Sponsor Code _____

Trade Code 89550

Related Instruction Availability

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NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Trade: Site Safety Manager

Sponsor Name: I.N.N. Construction Corp.

Sponsor Representative: Nosheen Kanwal

Sponsor Address:

No. & Street: 1 Castaldi Court City: Bethpage

County: Nassau State: NY Zip Code: 11714

Sponsor Telephone No.: (516) 597-5690

Proposed Number of Apprentices: 1

AT Office

Name: NYS Department of Labor - Apprenticeship Dept.

No. & Street: 303 W Old Country Road

City: Hicksville State: NY Zip Code: 11801

Apprentice Training Representative [REDACTED] Date Prepared: 6/6/23

Related instruction is **not** available.

Related instruction is available at:

School

Name: Hostos Community College, CUNY

No. & Street: 560 Exterior Street

City: Bronx State: NY Zip Code: 10451

School Representative Contact Information:

Name: Michelle Castaneda

Telephone No.: (718) 319-7986 Email: [REDACTED]

School

Name: New York City College of Technology

No. & Street: 300 Jay Street

City: Brooklyn State: NY Zip Code: 11201

School Representative Contact Information:

Name: Anthony Ruvio

Telephone No.: (718) 552-1117 Email: [REDACTED]

DLEA

Name: Emerald Roberts- NYC Dept of Education Citywide Office

No. & Street: D79 Alternative Schools and Programs, 90-01 Sutphin Blvd, 2nd Floor Room #229

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA [REDACTED] Date Prepared: 6/9/23

NYS Department of Labor
Apprentice Training

JUN 27 2023

Central Office



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: I.N.N. CONSTRUCTION CORP.

Located at: (Address) 1 CASTALDI COURT, BETHPAGE, NY 11714

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

In the occupation of: (List Trade) SITE SAFETY MANAGER

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 take and pass a drug test, at the Sponsor's expense, after selection and prior to enrollment in apprenticeship

Other:

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Other:

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

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

Name: NOSHEEN KANWAL

Address: 1 CASTALDI COURT, BETHPAGE, NY 11714

Days: MON- FRI Times: 9AM TO 5PM

Phone: (516) 597-5690 Email: [REDACTED]

Special Instructions:
n/a

NYS Department of Labor
Apprentice Training

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Central Office

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

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Sponsor Code _____

Trade Code(s) 89550

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Site safety manager

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

Only those checked apply.

Educational Achievement

- 2 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- 2.5 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- 2 Points for Each Trade Related Adult or Continuing Education Course Completed
- _____ Other: _____

	Maximum Points Allowable	Number of Years Credited	Score	
Total	30			Total
	10			
	10			
	10			

Work Experience

- 5 Points for Each Year of Trade Related Work Experience
- 2 Points for Each Year of Active Military Experience
- 2 Points for Each Year of General Work Experience
- _____ Other: _____

Total	30			Total
	10			
	10			
	10			

Seniority

- _____ Points for Each Year of Employment with The Sponsoring Firm
- _____ Other: _____

Total				Total

Job Aptitude

- _____ Name of Aptitude Test: _____
Administered by _____
- _____ Other: _____

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

- 0-10 Ability to Communicate
- 0-10 Willingness to Accept Obligation of Apprenticeship
- 0-10 Ability to Reason and Comprehend
- 0-10 Interest and Motivation
- _____ Other: _____
- _____ Other: _____

Total	40			Total
	10			
	10			
	10			
	10			

Total Allowable Points →

100 Total Score →

NYS Department of Labor
Apprentice Training

Rank _____ Date: JUN 27 2023

Evaluated by: _____ (Name)

Sponsor Name: I.N.N. CONSTRUCTION CORP.

Central Office

Sponsor Address: 1 CASTALDI CT, Bethpage, NY 11714

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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.

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

Signature of Sponsor: _____

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

6/6/23

Date

NOSHEEN KANWAL

PRESIDENT

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name

I.N.N. CONSTRUCTION Corp

Sponsor Code _____

No. of Apprentices

1

Trade(s)

Site Safety Manager

Trade Code(s)

89550

AT 602 (12/21)

NYS Department of Labor
Apprentice Training

JUN 27 2023

Central Office