



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

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: John Mezzalingua Associates, LLC d/b/a JMA Wireless
B. Trade(s): Electronics Technician
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: John Mezzalingua Associates, LLC d/b/a JMA Wireless
E. Entity completing this form (check one): Individual Employer/Sponsor Union JAC/JATC Association
F. Mailing address: Street: PO Box 678 City/Town: Liverpool State: NY Zip Code: 13088
G. Email: H. Phone: (315) 431-7100 I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? Yes No
M. Type of Entity (check one and provide attachments as noted in the instructions): Corporation Partnership Sole-Proprietor LLC LLP Other
N. How many years has your organization been in business? 9
O. Within the past five (5) years, have you done business under a different name? Yes 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 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 No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? Yes No
3. Any grant of immunity for conduct constituting a crime under state or federal law? Yes No

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

MAY 10 2021

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:

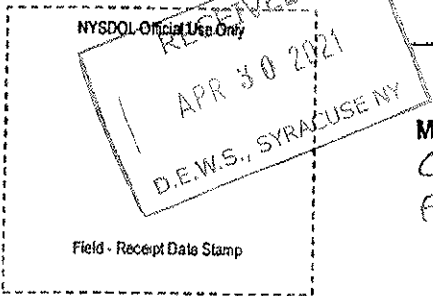
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Linda Chapman
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 4/22/2021

Print name and title: Linda Chapman, VP of HR

Sworn to me this: 22 day of April 2021 *Erin G. Hyatt*
 Signature of Notary Public or Commissioner of Deeds _____



ERIN G. HYATT
 Notary Public - State of New York
 No. 01HY6295050
 Qualified in Cayuga County
 My Commission Expires December 23, 2021
Certificate of good standing
Filed in Onondaga County 8.14.18



Apprentice Training Program Registration Agreement

Revision

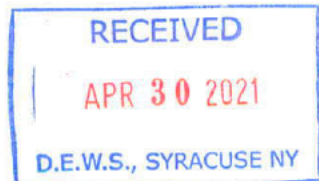
Nature of Change: New Program

State Use Only	
AT Sponsor No.	<u>52201</u>
ATP Code	<u>54-487</u>
Effective Date of AT Program	

- 1. Name of Sponsor: John Mezzalingua Associates, LLC d/b/a JMA Wireless
- 2. Mailing Address: PO Box 678 Liverpool NY 13088 Onondaga
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 7645 Henry Clay
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 315-431-7100 Ext. _____ Fax No.: _____
- 5. E-mail Address: _____
- 6. Trade/Occupation: Electronics Technician
- 7. No. Employees: 500 No. Apprentices: 0 No. Journeyworkers: 1 8. Ratio: 1:1
- 9. DOT Code: 828.261-022 10. Length of Program: 48 months
- 11. Apprentice Probationary Period: 0 12 Months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 21.00 per hour 14. Effective Date of Wages: _____

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"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
1000	1000	1000	1000	1000	1000	1000	1000		
15.00	15.00	15.00	16.00	16.00	18.00	20.00	20.00		



- 16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- 17. Michaela Pullano 4/22/2021 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Michaela Pullano, Associate T.A. Specialist _____
Print Name and Title Print Name, Title, and Union Name
- 19. _____
Signature New York State Department of Labor Date



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code 52201
Trade Code 54-487

John Mezzalingua Associates, LLC d/b/a/ JMA Wireless, located at
(Sponsor)

7645 Henry Clay Blvd Liverpool, NY 13088
(Address)

is presently accepting applications for an estimated 1 apprentice training positions in
(No. of Openings)
the occupation of Electronics Technician
(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: None

Physical Condition: Be physically able to perform the work required as determined by
Applicant's verbal statement

(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:
Drug test and background screen are required upon offer of employment and paid for by JMA Wireless

Other: NYS Department of Labor
Apprentice Training

Other: MAY 10 2021
Central Office



Application Forms May be Obtained From: _____ Dates: _____ From: _____ To: _____

Name: JMA Wireless Days: Monday - Friday

Address: 7645 Henry Clay Blvd, Liverpool, NY 13088 Times: 8:00am to 5:00pm

Phone Number: (315) 431 - 7100 Email Address: [REDACTED]

Special Instructions:
Candidates may apply in person or online

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



Sponsor Code 52201
Trade Code(s) 54-487

Selection Standards and Evaluations

Name of Candidate, Trade, Address, City, State, Zip

Table with columns: Category, Total, Maximum Points Allowable, Number of Years Credited, Score, Total. Rows include Educational Achievement, Work Experience, Seniority, Job Aptitude, and Oral Interview.

Total Allowable Points 100 Total Score ->

Rank

Evaluated by (Name) Date

Sponsor Name

Sponsor Address

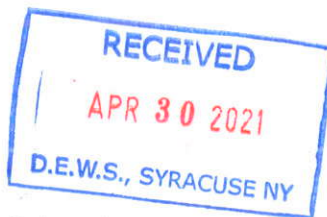
AT 508 (5-16)

NYS Department of Labor
Apprentice Training

MAY 10 2021

Central Office





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.
[X] 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:

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

Date

Linda Chapman, VP of HR

Print Name and Title

Approved by:

[Handwritten signature]

NYS Department of Labor

4/22/2021

Date

Sponsor Name JMA Wireless

Sponsor Code 52201

No. of Apprentices 0

Trade(s) Electronics Technician

Trade Code(s) DOL: 828.261-022; ONET: 49-2094