



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: Kris-Tech Wire
B. Trade(s): Human Resources Associate
C. Type of Apprenticeship Training Program (check one):
1. 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: Kris-Tech Wire
E. Entity completing this form (check one):
 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: 80 Otis Street
City/Town: Rome State: NY Zip Code: 13441
G. Email: [Redacted] H. Phone: (315) 339-5268 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? 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? 38
O. Within the past five (5) years, have you done business under a different name? Yes 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 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 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.

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.

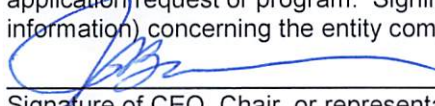
Section III

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:

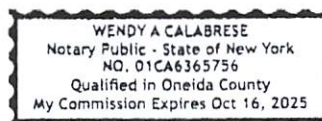
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

 _____ 09/30/2022
Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date

Print name and title: Graham Brodock

Sworn to me this: 30th day of September 2022 _____
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training

OCT 19 2022



Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	94-598C
Effective Date of AT Program	

- Name of Sponsor: Kris-Tech Wire
- Mailing Address: 80 Otis Street Rome NY 13441 Oneida
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-339-5268 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Human Resources Associate
- No. Employees: _____ No. Apprentices: 1 No. Journeyworkers: _____ 8. Ratio: 1:1,1:1
- DOT Code: 43-4161.00 10. Length of Program: Comp. months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 29.50 per hour 14. Effective Date of Wages: 09/28/2022

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 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"/>
0-1000	1001-2000								
28	29								

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

17. Wendy Calabrese 09/30/2022 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Wendy Calabrese, Director of Employee Engagement XXX
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date



OCT 19 2022

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 94-589C

Form I: Apprenticeship Agreement. Fields include: Name of Apprentice, Social Security Number, Name of Program Sponsor (Kris-Tech Wire), Physical address (80 Otis Street, Rome, Oneida, NY 13441), Trade (Human Resources Associate), Start Date, Length of program (3 months), DOL Apprenticeship Probation Period (3 months), Minimum Journey-Worker Rate (29.50), and Related and Supplemental Instruction (RI) Provider (Mohawk Valley Community College).

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OCT 19 2022

Table for 9. Apprentice Wage Progression (Without Benefits) for each Period. Columns 1-10, Rows 0-1000 and 28-29.

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

Signatures and dates of Apprentice/Parent/Guardian (10/13/22) and Official Sponsor Representative (9/30/2022).

State Use Only box with fields for Date and Init. for To ATC, To DLEA, Rank Verify, and 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 box with fields for Date and Init. for To ATC, To DLEA, and 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 box with fields for Date and Init. for To ATC, To DLEA, and Data Entry.

Signature of DLEA Representative _____ Date _____ Print Name _____

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 94-598C

Related Instruction Availability

Trade: Human Resouces Associate

Sponsor Name: Kris-Tech Wire

Sponsor Representative: Wendy Calabrese

Sponsor Address:

No. & Street: 80 Otis Street City: Rome

County: Oneida State: NY Zip Code: 13441

Sponsor Telephone No.: 315-339-5268

Proposed Number of Apprentices: 1

AT Office

Name: Central

No. & Street: 450 S. Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 9/28/22

Related instruction is not available.

Related instruction is available at:

School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Matt Maloy

Telephone No.: 315-792-5381 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

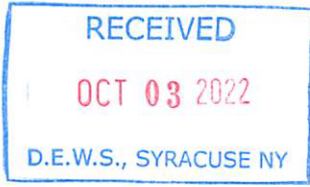
DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 9/28/22



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Department of Labor

www.labor.ny.gov

Sponsor Code: _____

Trade Code: 94-598C

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Kris-Tech Wire

Located at: (Address) 80 Otis Street Rome, NY 13441

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Human Resources Associate

NYS Department of Labor
Apprentice Training
OCT 19 2022
Central Office

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: High School Diploma or Equivalent (TASC/GED)

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: Upon offer of employment, apprentice must take and pass drug screen paid for by the sponsor.
Upon offer of employment, apprentice must pass background check

Other:

Other:

Application forms may be obtained: From: 09/30/2022 To: 11/25/2022

Name: Kris-Tech Wire

Address: 80 Otis Street Rome, NY 13441

Days: Monday-Friday Times: 8:00am to 5:00pm

Phone: (315) 339-5268 Email: [REDACTED]

Special Instructions:

Applications can be completed both in person or found online at kristechwire.com/about/careers/

All Applications Must be (please check) Received Postmarked **No Later Than:** 11/25/2022



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Sponsor Code _____
 Trade Code(s) 94-598C

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Human Resources Associate

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

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

Total Allowable Points →

100	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Kris-Tech Wire

Sponsor Address: 80 Otis Street Rome, NY 13441

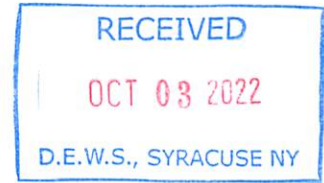
OCT 19 2022

Central Office

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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.

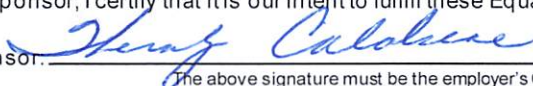
If an employee is an **apprentice**, the program's apprenticeship administrator and the NYS Apprenticeship Director **must** be notified of the complaint.

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:  09/30/2022
Date

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

Wendy Calabrese Director of Employee Engagement
Print Name and Title

Approved by: _____
New York State Department of Labor Date

Sponsor Name Kris-Tech Wire Sponsor Code _____ No. of Apprentices 1

Trade(s) Human Resources Associate Trade Code(s) 94-598C