



New York State

NYS Department of Labor
Apprentice Training

Registered Apprenticeship Training Program

DEC 01 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: Kris-Tech Wire
B. Trade(s): Manufacturing Engineering Technician, Human Resources Associate
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: Kris-Tech Wire
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: 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? [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? 40
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:

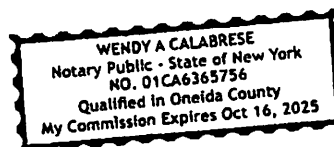
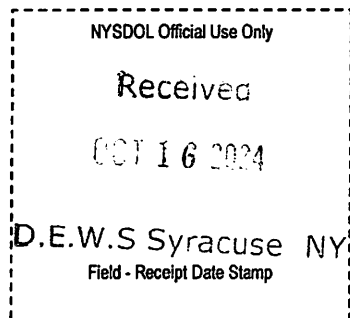
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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 10/10/2024

Print name and title: Graham Brodock

Sworn to me this: 10th day of October _____
 Signature of Notary Public or Commissioner of Deeds Wendy Calabrese



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D.E.W.S Syracuse NY

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

NYS Department of Labor
Apprentice Training

DEC 01 2024

Central Office

State Use Only	
AT Sponsor No.	52315
ATP Code	47-570
Effective Date of AT Program	

1. Name of Sponsor: Kris-Tech Wire

2. Mailing Address: 80 Otis Street Rome NY 13441 Oneida
(number & street) (city) (state) (zip code) (county)

3. Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: (315) 339-5268 Ext. _____ Fax No.: _____

5. E-mail Address: [REDACTED]

6. Trade/Occupation: Manufacturing Engineering Technician

7. No. Employees: 163 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1:1

9. DOT Code: 012.167-042 10. Length of Program: 48 months

11. Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: \$22 32 per hour 14. Effective Date of Wages: 09/26/2024

15. Apprentice wage progression for each period – in months (M) or hours (H)

1 2 3 4 5 6 7 8 9 10

Months (check):	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" 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"/>
Hours (check):	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"/>	H <input type="checkbox"/>
No. of Months/Hours:	12	12	12	12						
Wage rate: or, percentage of the journeyworker rate:	\$22	\$26	\$28	\$32						

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

17. Wendy Calabrese 10/10/2024 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Wendy Calabrese, Director of Employee Engagement
Print Name and Title

Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

Date

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Apprenticeship Training Program

Sponsor Code 52315

Trade Code 47-570

Related Instruction Availability

Trade: Manufacturing Engineering Technician

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: Kerry Highers Date Prepared: 9/12/24

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: Franca Armstrong

Telephone No.: (315) 792-7670 Email: [REDACTED]

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School

Name: _____ Central Office

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 10/15/24

D.E.W.S Syracuse NY



Apprenticeship Agreement

NYS Department of Labor
Apprentice Training

I. Apprenticeship Agreement

Sponsor No. 52315

ATP Code 47-570



1. Name of Program Sponsor DEC 01 2024
Kris-Tech Wire

Physical address of Program Sponsor (no. and street)
80 Otis Street

City County State Zip code
Rome Oneida NY 13441

Mailing address of Program Sponsor (no. and street)
Same as above

City County State Zip code

2. Trade: Time-based Competency-based Hybrid
Manufacturing Engineering Technician

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? Yes No
 If "Yes," Trade State

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
 State 48 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s) RI Compensated 7. Minimum Journey-Worker Rate
Mohawk Valley Community College Yes No ~~\$22.00~~ \$32.00

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer Previous Experience (Employer name): Received

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections OCT 16 2024

1	2	3	4	5	6	7	8	9	10
12	12	12	12						
\$22	\$26	\$28	\$32						

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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 10/10/24 Mandy Calabrese 10/10/2024
 Date Signature of Official Sponsor Representative Date

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 _____

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		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

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	_____	_____



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) Manufacturing Engineering Technician

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications High School Diploma or Equivalent (TASC/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: 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:

NYS Department of Labor
Apprentice Training

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

Name: Kris-Tech Wire

Address: 80 Otis Street Rome, NY 13441

Days: Monday-Friday Times: 8:00 AM to 5:00 PM

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:** _____

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Department of Labor

www.labor.ny.gov

Sponsor Code 52315

Trade Code(s) 47-570

D.E.W.S Syracuse NY

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Manufacturing Engineering Technician

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input checked="" type="checkbox"/>	5 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities	20		
<input checked="" type="checkbox"/>	5 Points for Each Year of Related Technical Education Past Grade 10 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"/>	5 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"/>	5 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"/>	1-10 Ability to Communicate	40		
<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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Rank _____ NYS Department of Labor Apprenticeship Training

Evaluated by: _____ (Name) Date: _____

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Sponsor Name: Kris-Tech Wire

Central Office

Sponsor Address: 80 Otis Street Rome, NY 13441

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.

E. **Outreach and Positive Recruitment Plan (if applicable):** Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

Outreach and Recruitment Activities:

Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

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

Signature of Sponsor:  10/10/2024
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Name: Wendy Calabrese Title: Director of Employee Engagement

Approved by: _____
New York State Department of Labor Date

Sponsor Name: Kris-Tech Wire

Sponsor Code: 52315 Number of Apprentices: 2

Trade(s): Human Resources Associate, Manufacturing Engineering Technician

Trade Code(s): 94-598, 47-570