



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.

Section I

- A. Sponsor name: K.V. POWER ELECTRIC, INC.
B. Trade(s): ELECTRICIAN
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: K.V. POWER ELECTRIC, INC.
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: 36-32A 23RD STREET City/Town: LONG ISLAND CITY State: NY Zip Code: 11106
G. Email: [REDACTED] H. Phone: (718)706-0860 I. Fax: (718)706-0779
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? 23
O. Within the past five (5) years, have you done business under a different name? [ ] Yes [X] 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 [X] No

NYS Department of Labor Apprenticeship Training

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

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\*\* 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

07/14/20  
Date

Print name and title: JOHN KINOTIDIS - PRESIDENT

Sworn to me this: 14<sup>th</sup> day of JULY, 2020

Silvano Grech  
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor  
Apprentice Training  
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SILVANO GRECH  
Notary Public-State of New York  
No. 01GR6012327  
Qualified in Queens County  
Commission Expires 08/24/2022



Apprentice Training Program Registration Agreement

Revision

Nature of Change: NEW PROGRAM

State Use Only
AT Sponsor No.
ATP Code 17-072
Effective Date of AT Program

- 1. Name of Sponsor: K.V. POWER ELECTRIC, INC.
2. Mailing Address: 36-32A 23RD ST LONG ISLAND NY 11106 QUEENS
3. Actual Address: 36-32A 23RD STRE LONG ISLAND C NY 11106 QUEENS
4. Telephone No.: (718)706-0860 Ext. Fax No.: (718)706-0779
5. E-mail Address:
6. Trade/Occupation: ELECTRICIAN
7. No. Employees: 6 No. Apprentices: 2 No. Journeyworkers: 4 8. Ratio: 1:1, 1:3
9. DOT Code: 824.261-010 10. Length of Program: 60 months
11. Apprenticeship Probationary Period: 12 MONTHS 12. Work process: Standard [x] or Revised [ ]
13. Minimum Journeyworker Rate: \$ 20.00 per hour 14. Effective Date of Wages: 05/27/20

Table with 10 columns (1-10) and 3 rows (M, H, wages) for apprenticeship progression.

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16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
17. Signature of Official Sponsor Representative Date 07/14/21
Signature of Union Representative Date
JOHN KIVOTIOLIS - PRESIDENT

19. Signature New York State Department of Labor Date
NYS Department of Labor Apprenticeship Training

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**Related Instruction Availability**

Trade: Electrician

Sponsor Name: K.V Power Electric, Inc.

Sponsor Representative: John Kivotisdis

Sponsor Address:

No. & Street: 36-32A 23rd Street City: Long Island City

County: Queens State: NY Zip Code: 11803

Sponsor Telephone No.: 718-706-0860

Proposed Number of Apprentices: 2

**AT Office**

Name: NYS DOL Apprenticeship Training Program

No. & Street: 9 Bond Street 4th Floor Room 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative: [REDACTED] Date Prepared: 7/7/20

Related instruction is **not** available.

Related instruction **is** available at:

**School**

Name: Penn Foster Apprenticeshp Program

No. & Street: 925 Oak Street

City: Scranton State: PA Zip Code: 18515

School Representative Contact Information:

Name: Chris Whitehair

Telephone No.: 800-275-4410 Email: [REDACTED]

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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**DLEA**

Name: NYC Department of Education

No. & Street: 475 Nostrand Avenue

City: Brooklyn State: NY Zip Code: 11216

Signature of DLEA: [REDACTED] Date Prepared: 3/24/21

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**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor Code

Trade Code **17-072**

**K.V. POWER ELECTRIC, INC.**

, located at

(Sponsor)

**36-32A 23RD STREET, LONG ISLAND CITY, NY 11106**

(Address)

is presently accepting applications for an estimated **0** apprentice training positions in

(No. of Openings)

the occupation of **ELECTRICIAN**

(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: **HIGH SCHOOL DIPLOMA, GED EQUIVALENT OR TASC**

Physical Condition: Be physically able to perform the work required as determined by

Must be able to work with hands, to carry material and tools, also be able to go on ladders and scaffolding both indoors and outdoors. Must be able to pull cables, lift up to 100lbs of material and carrying of up to 50 lbs. Must be able to work in confined spaces and not to be afraid of heights. Must be able to use ladders up to 12 feet and extension ladders / scaffolding above 30 feet.

(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 be able to read, hear, and understand instructions and warnings given in English.

Other:

Apprentices must show up to work everyday on time. They will need to bring their own necessary tools for the work everyday. These tools will have to purchase prior to the first day of work. Approximate cost to purchase necessary tools is about \$300.

Other:

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Application Forms May be Obtained From:

Central Office

Dates:

From:

To:

Name: **K.V. POWER ELECTRIC, INC.**

Days: **MONDAY - FRIDAY**

Address:  
36-32A 23RD STREET  
LONG ISLAND CITY, NY 11106

Times: **8:00 AM - 4:00 PM**

Phone Number: **(718) 706 - 0860**

Email Address:

Special Instructions:

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



Sponsor Code \_\_\_\_\_
Trade Code(s) 17-072 \_\_\_\_\_

Selection Standards and Evaluations

Name of Candidate \_\_\_\_\_ Trade ELECTRICIAN
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Table with 5 main rows: Educational Achievement, Work Experience, Seniority, Job Aptitude, Oral Interview. Each row has a 'Total' column on the left and right, and a grid of 'Maximum Points Allowable', 'Number of Years Credited', and 'Score'.

Total Allowable Points 59 Total Score ->

Rank \_\_\_\_\_

Evaluated by \_\_\_\_\_ (Name) Date \_\_\_\_\_

Sponsor Name K.V. POWER ELECTRIC, INC.

Sponsor Address 36-32A 23rd Street, Long Island City, NY 11106

NYS Department of Labor Apprenticeship Training Office

AT 508 (5-16)

NYS Department of Labor Apprenticeship Training

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Non-Discrimination Plan  
(Short Form)

NYC

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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/](http://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/](http://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:

*[Handwritten Signature]*

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

*07/14/20*  
Date

JOHN KIVOTIDIS, PRESIDENT

Print Name and Title

Approved by:

NYS Department of Labor

Date

Sponsor Name K.V. POWER ELECTRIC, I Sponsor Code \_\_\_\_\_ No. of Apprentices 2

Trade(s) ELECTRICIAN Trade Code(s) 17-072

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Apprenticeship Training

AT 602 (7-16)

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