



NYS Department of Labor
Apprentice Training

New York State

Registered Apprenticeship Training Program

JUL 03 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: LiDestri Foods, Inc

B. Trade(s): Electronics Technician (Manufacturing Only)

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: LiDestri Foods, Inc

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: 1020 Lee Road

City/Town: Rochester State: NY Zip Code: 14606

G. Email: [REDACTED] H. Phone: (585) 270-2400 I. Fax:

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? 49

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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity Anthony Ciulla COO Date 01-08-24

Print name and title: Anthony Ciulla, Chief Operating Officer

Sworn to me this: 8 day of January Signature of Notary Public or Commissioner of Deeds Connie Cook



CONNIE COOK
NOTARY PUBLIC-STATE OF NEW YORK
 No. 01CO5058460
 Qualified in Ontario County
 My Commission Expires 04-08-2026

JUL 03 2024

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Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program
~~Either Dennis Meyer or David Owen~~ may
sign for program

State Use Only	
AT Sponsor No.	<u>78121</u>
ATP Code	<u>54-487</u>
Effective Date of AT Program	

- Name of Sponsor: Lidestri Foods, Inc.
- Mailing Address: 1020 Lee Rd Rochester NY 14606 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: 1000 Lee Rd Rochester NY 14606 Monroe
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585-270-2949 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Electronics Technician (Manufacturing Only)
- No. Employees: 800 No. Apprentices: _____ No. Journeyworkers: _____ 8. Ratio: 1:1:1:1
- DOT Code: O*NET CODE 49-2094.00 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 25.30 per Hour 14. Effective Date of Wages: 4/1/2023

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 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"/>
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"/>
12	12	12	12						
<u>18.00</u>	<u>19.85</u>	<u>21.70</u>	<u>23.55</u>						

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

17. Dennis Meyer 4-4-24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
DENNIS D MEYER MAINTENANCE ENGINEERING
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

JUL 03 2024

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Apprenticeship Training Program

Sponsor Code 78121

Trade Code 54-487

Central Office

Related Instruction Availability

Trade: Electronics Technician (Manufacturing Only)

Sponsor Name: LiDestri Foods Inc.

Sponsor Representative: David Owen

Sponsor Address:

No. & Street: 1020 Lee Rd City: Rochester

County: Monroe State: NY Zip Code: 14606

Sponsor Telephone No.: 585-270-2949

Proposed Number of Apprentices: 1

AT Office

Name: NYSDOL Apprenticeship Training Unit

No. & Street: 276 Waring Rd

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: William Clingersmith Date Prepared: 3/3/20

Related instruction is not available.

Related instruction is available at:

School

Name: Monroe Community College

No. & Street: 321 State Street, 7th floor

City: Rochester State: NY Zip Code: 14608

School Representative Contact Information:

Name: Mike Smith

Telephone No.: 585-685-6305

Email: 

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____

Email: _____

DLEA

Name: Shawna Gareau-Kurtz

No. & Street: 3555 Buffalo Rd

City: Rochester

NY

Zip Code: 14624

Signature of DLEA 

Date Prepared: 5/23/23

JUL 03 2024 Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office

Sponsor No. 78121

ATP Code 54-487

1. Name of Program Sponsor
Lidestri Foods, Inc.

Physical address of Program Sponsor (no. and street)
1000 Lee Rd

City County State Zip code
Rochester Monroe NY 14606

Mailing address of Program Sponsor (no. and street)
1020 Lee Rd

City County State Zip code
Rochester Monroe NY 14606

2. Trade: Time-based Competency-based Hybrid
Electronics Technician (Manufacturing Only)
A.L. COM

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

6. Related and Supplemental Instruction (RI) Provider(s) and location(s) RI Compensated 7. Minimum Journey-Worker Rate
 Yes No 25.30

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

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
12	12	12	12						
18.00	19.85	21.70	23.55						

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

[Redacted Signature]

05/15/24 Date

[Signature] Signature of Official Sponsor Representative

5/15/24 Date

Registered by the New York State Department of Labor:

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 (Lack of Work) 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.

State Use Only

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

Signature of DLEA Representative

Date

Print Name

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Central Office

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Sponsor Code: 78121

Trade Code: 54-487

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Lidestri Foods, Inc.

Located at: (Address) 1020 Lee Rd, Rochester, NY 14606

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

In the occupation of: (List Trade) Electronics Technician (Manufacturing Only)

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 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:

applicant's verbal statement. While performing the duties of this job, the apprentice is regularly required to sit, stand, bend, use hands, reach with hands and arms, and talk and hear. The apprentice must be able to lift/or move up to 50 pounds and work at heights above 15 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 score a minimum of 80% on the Ramsay MultiCraft Aptitude Test. Must be able to read, hear, and understand verbal instructions and warnings.

Other: Must have worked for LiDestri for a minimum of one year. Must have acceptable attendance per Lidestri policy provided on hire date. Must have no disciplinary actions for at least one year.

Other: Must have reliable transportation to work and to required classes at Monroe Community College.

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

Name: SharePoint (intranet)

Address: _____

Days: _____ Times: _____

Phone: _____ Email: _____

Special Instructions:

Must apply to open positions through SharePoint

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



Selection Standards and Evaluations

Name of Candidate, Trade: Electronics Technician (Manufacturing Only), 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



100 Total Score ->

Rank

Evaluated by (Name) Date

Sponsor Name LiDestri Foods, Inc

Sponsor Address 1020 Lee Rd, Rochester, NY 14606

JUL 03 2024

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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.

Date

Sarah J Miller

Vice President, Human Resources

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Lidestri Foods, Inc.

Sponsor Code 78121

No. of Apprentices 2, 3, 4

Trade(s) _____

Trade Code(s) 54-487, 47-564, 47-567