



NYS DOL Use Only: Sponsor No. 52218
New Program Reactivation Revision Recertification

NYS Department of Labor
Apprenticeship Training

JUL 29 2024

Central Office

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: MACNY, The Manufacturers Association
B. Trade(s): Marketing Coordinator
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: MACNY, The Manufacturers Association
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: 5788 Widewaters Parkway
City/Town: Syracuse State: NY Zip Code: 13214
G. Email: Phone: (315) 474-4201 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? 111
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.

*Amy Stage* 4/18/24  
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Amy Stage, Director of Apprenticeship & Workforce Development

Sworn to me this: 18<sup>th</sup> day of April *Amanda L. Rice*  
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

**AMANDA L RICE**  
Notary Public, State of New York  
**NO. 01R16439884**  
Qualified in Onondaga County  
Commission Expires 08/29/2026

NYS Department of Labor  
Apprentice Training

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Trade Registration  
Add new signator: Althea Strife, Workforce  
Development Specialist

| State Use Only               |        |
|------------------------------|--------|
| AT Sponsor No.               | 52218  |
| ATP Code                     | 73-606 |
| Effective Date of AT Program |        |

- Name of Sponsor: MACNY, The Manufacturers Association
- Mailing Address: 5788 Widewaters Pkwy. Syracuse NY 13214 Onondaga  
(number & street) (city) (state) (zip code) (county)
- Actual Address: \_\_\_\_\_  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 474-7201 Ext. 49 Fax No.: \_\_\_\_\_
- E-mail Address: [REDACTED]
- Trade/Occupation: Marketing Coordinator
- No. Employees: 30 No. Apprentices: 0 No. Journeyworkers: 10 8. Ratio: 1:1,1:1
- DOT Code: 050.067-014 10. Length of Program: 18 months
- Apprentice Probationary Period: 5 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ \_\_\_\_\_ per Per-AT-401 14. Effective Date of Wages: 03/06/2024

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 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"/> |
| 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:<br>Wage rate: or, percentage<br>of the journeyworker rate: | *Per                       | AT-401                     |                            |                            |                            |                            |                            |                            |                            |                            |

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

17. Amy Stage 4/6/24 18. \_\_\_\_\_  
 Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Amy Stage, Dir. of Apprenticeship. & Workforce Dev. \_\_\_\_\_  
 Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
 Signature New York State Department of Labor Date

NYS Department of Labor  
Apprenticeship Training  
JUL 29 2024  
Central Office

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Department  
of Labor

Apprenticeship Training Program

Sponsor Code 52218

Trade Code 73-606

## Related Instruction Availability

Trade: Marketing Coordinator

Sponsor Name: MACNY, The Manufacturers Association

Sponsor Representative: Michael Frame

Sponsor Address:

No. & Street: 5788 Widewaters Parkway City: Syracuse

County: Onondaga State: NY Zip Code: 13214

Sponsor Telephone No.: 315-256-1045

Proposed Number of Apprentices: 1

### AT Office

Name: NYS Department of Labor

No. & Street: 450 S. Salina Street, Room 203 Bldg 12 Room 450

City: Syracuse Albany State: NY Zip Code: 13202

Apprentice Training Representative: Michael Ferraro Date Prepared: 1/5/24 7/24/24

Related instruction is **not** available.  Related instruction is available at:

### School

Name: Onondaga Community College

No. & Street: 4585 W Seneca Turnpike

City: Syracuse State: NY Zip Code: 13215

School Representative Contact Information:

Name: Rebecca Fracchia

Telephone No.: 315-498-6024

Email: 

### School

Name: Metrix Learning/NY Wired for Education (Online Learning Provider)

No. & Street: 251 Fuller Road

City: Albany State: NY Zip Code: 12203

School Representative Contact Information:

Name: Kerry Twomey

Telephone No.: 303-531-4564

Email: 

### DLEA

Name: John Iorio, Sidney Johnson Vocational Center

No. & Street: 573 East Genesee Street

City: Syracuse State: NY Zip Code: 13202

Signature of DLEA 

Date Prepared: \_\_\_\_\_



Department of Labor

JUL 29 2024

Central Office **Apprenticeship Agreement**

I. Apprenticeship Agreement

Sponsor No. 52218

ATP Code 73-606

|   |  |  |  |           |   |   |   |   |    |
|---|--|--|--|-----------|---|---|---|---|----|
|   | 1. Name of Program Sponsor<br><b>MACNY, The Manufacturers Association</b>  |  |  |           |   |   |   |   |    |
|   | Physical address of Program Sponsor (no. and street)<br><b>5788 Widewaters Parkway</b>   |  |  |           |   |   |   |   |    |
|   | City<br><b>Syracuse</b>  | County<br><b>Onondaga</b>  | State Zip code<br><b>NY 13214</b>  |           |   |   |   |   |    |
|   | Mailing address of Program Sponsor (no. and street)<br><b>City of Syracuse, 233 E. Washington St., Rm 128</b>  |  |  |           |   |   |   |   |    |
|   | City<br><b>Syracuse</b>  | County<br><b>Onondaga</b>  | State Zip code<br><b>NY 1322</b>   |           |   |   |   |   |    |
|   | 2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid<br><b>Marketing Coordinator</b> |  |  |           |   |   |   |   |    |
| Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," Trade _____ State _____  | 3. Start Date  | 4. Length of program (Months)<br><b>18</b>   | 5. DOL Apprentice Probation Period for Completion Rates (Months)<br><b>4.5 5.0</b> |           |   |   |   |   |    |
| 6. Related and Supplemental Instruction (RI) Provider(s) and location(s)<br><b>As per Sponsor (52218), AT-8 RI Availability</b>   |  | RI Compensated<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | 7. Minimum Journey-Worker Rate<br><b>25.00</b>                                     |           |   |   |   |   |    |
| 8. Credit for previous training or experience: <b>3</b> Months Points Sections<br><input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): <b>City of Syracuse</b> |  |  |  |           |   |   |   |   |    |
| 9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: <input type="checkbox"/> Months <input type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections   |  |  |  |           |   |   |   |   |    |
| 1   | 2  | 3  | 4  | 5         | 6 | 7 | 8 | 9 | 10 |
| 0-599   | 600-1199   | 1200-1799  | 1800-2399  | 2400-3000 |   |   |   |   |    |
| 21.75   | 22.00  | 22.75  | 23.50  | 24.50     |   |   |   |   |    |

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

3/20/24 Eileen R. Donovan 3/20/24  
Date Signature of Official Sponsor Representative 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  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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Department of Labor

[www.labor.ny.gov](http://www.labor.ny.gov)

Sponsor Code: 52218

Trade Code: 73-606

**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor: MACNY, The Manufacturers Association

Located at: (Address) 5788 Widewaters Parkway, Syracuse, NY 13214

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

In the occupation of: (List Trade) Marketing Coordinator

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

**Minimum Qualifications** None  
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:

Other:

Other:

NYS Department of Labor  
Apprentice Training

JUL 29 2024


Central Office

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: MACNY, The Manufacturers Association

Address: 5788 Widewaters Parkway, Ste. 5, Syracuse, NY 13214

Days: Monday - Friday Times: 9:00am - 5:00pm

Phone: (315) 474-7201 Email: 

Special Instructions:

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

JUL 29 2024

Central Office



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Marketing Coordinator

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| Only those checked apply.                               |   | Maximum Points Allowable | Number of Years Credited | Score        |
|---|---|--------------------------|--------------------------|--------------|
| <b>Educational Achievement</b>                          |   | <b>Total</b>             | <b>25</b>                | <b>Total</b> |
| <input checked="" type="checkbox"/> <u>2.5</u>          | Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities                   | 5                        |                          |              |
| <input checked="" type="checkbox"/> <u>2.5</u>          | Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities | 10                       |                          |              |
| <input checked="" type="checkbox"/> <u>2</u>            | Points for Each Trade Related Adult or Continuing Education Course Completed  | 10                       |                          |              |
| <input type="checkbox"/> _____                          | Other: _____  |                          |                          |              |
| <b>Work Experience</b>                                  |   | <b>Total</b>             | <b>25</b>                | <b>Total</b> |
| <input checked="" type="checkbox"/> <u>2</u>            | Points for Each Year of Trade Related Work Experience   | 10                       |                          |              |
| <input checked="" type="checkbox"/> <u>2</u>            | Points for Each Year of Active Military Experience  | 10                       |                          |              |
| <input checked="" type="checkbox"/> <u>1</u>            | Points for Each Year of General Work Experience   | 5                        |                          |              |
| <input type="checkbox"/> _____                          | Other: _____  |                          |                          |              |
| <b>Seniority</b>  |   | <b>Total</b>             |                          | <b>Total</b> |
| <input type="checkbox"/> _____                          | Points for Each Year of Employment with The Sponsoring Firm   |                          |                          |              |
| <input type="checkbox"/> _____                          | Other: _____  |                          |                          |              |
| <b>Job Aptitude</b>                                     |   | <b>Total</b>             |                          | <b>Total</b> |
| <input type="checkbox"/> _____                          | Name of Aptitude Test: _____  |                          |                          |              |
|   | Administered by _____   |                          |                          |              |
| <input type="checkbox"/> _____                          | Other: _____  |                          |                          |              |
| <b>Oral Interview: Not to Exceed 40% of Total Score</b> |   | <b>Total</b>             | <b>20</b>                | <b>Total</b> |
| <input checked="" type="checkbox"/> <u>1-5</u>          | Ability to Communicate  | 5                        |                          |              |
| <input checked="" type="checkbox"/> <u>1-5</u>          | Willingness to Accept Obligation of Apprenticeship  | 5                        |                          |              |
| <input checked="" type="checkbox"/> <u>1-5</u>          | Ability to Reason and Comprehend  | 5                        |                          |              |
| <input checked="" type="checkbox"/> <u>1-5</u>          | Interest and Motivation   | 5                        |                          |              |
| <input type="checkbox"/> _____                          | Other: _____  |                          |                          |              |
| <input type="checkbox"/> _____                          | Other: _____  |                          |                          |              |

Total Allowable Points →

|    |               |
|----|---------------|
| 70 | Total Score → |
|----|---------------|

Rank \_\_\_\_\_

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

Sponsor Name: MACNY, The Manufacturers Association

Sponsor Address: 5788 Widewaters Parkway, Syracuse, NY 13214

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Sponsor Code 52218

Trade Code(s) 73-606

New York State Department of Labor  
**Apprentice Training Program Affirmative Action Plan**


New Program     Amended     Renewal

To be Administered by (Sponsor's Name): MACNY, The Manufacturers Association

Address: 5788 Widewaters Pkwy, Syracuse State: NY Zip: 13214

Plan is effective: From: 5/1/24 To: 4/30/29

**On behalf of the above-named sponsor,  
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  Date: 4/18/24

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

Print Name: Michael Frame

Title: Executive Vice President

NYS Department of Labor  
Apprentice Training

JUL 29 2024

Central Office

**Do not write below this line.**



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

Title: \_\_\_\_\_



**Part II – Labor Force Analysis/Utilization Study**

A. The total labor force is 865,170 in the following county(counties):

|                |                 |       |
|----------------|-----------------|-------|
| <u>Cayuga</u>  | <u>Oneida</u>   | _____ |
| <u>Madison</u> | <u>Onondaga</u> | _____ |
| <u>Monroe</u>  | <u>Oswego</u>   | _____ |

The labor force includes:\*

**Minorities**

|                    |                |             |   |
|--------------------|----------------|-------------|---|
| African American   | <u>77,680</u>  | <u>8.9</u>  | % |
| Hispanic           | <u>44,950</u>  | <u>5.2</u>  | % |
| Other Minorities** | <u>42,014</u>  | <u>4.8</u>  | % |
| Total Minorities   | <u>164,644</u> | <u>19</u>   | % |
| <br>               |                |             |   |
| Women              | <u>422,775</u> | <u>48.8</u> | % |

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: 19 %  
 Goal for Women: 6.9 %

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 Apprenticeship Training  
 JUL 29 2024  
 Central Office

\* Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.  
 \*\* Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

**Part III – Current and Projected Staffing and Annual Goals**

Title of Trade Marketing Coordinator

**A. Current Staffing in the Above Trade**

|                        | Total | African American |   | Hispanic |   | Other Minority |   | Women |   |
|------------------------|-------|------------------|---|----------|---|----------------|---|-------|---|
|                        |       | No.              | % | No.      | % | No.            | % | No.   | % |
| Active Journeyworkers  |       |                  |   |          |   |                |   |       |   |
| Registered Apprentices |       |                  |   |          |   |                |   |       |   |

**B. Projected Number of Apprentice Indentures\***

| Year                      | 20 | <u>24</u> | <u>25</u> | <u>26</u> | <u>27</u> | <u>28</u> | Totals |
|---------------------------|----|-----------|-----------|-----------|-----------|-----------|--------|
| New Positions             |    |           |           |           |           |           |        |
| Vacancies from Turnover** |    |           |           |           |           |           |        |
| Total Indentures          |    |           |           |           |           |           |        |

**C. Annual Goals**

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:\*

| Year             | 20 | <u>24</u> | <u>25</u> | <u>26</u> | <u>27</u> | <u>28</u> | Totals |
|------------------|----|-----------|-----------|-----------|-----------|-----------|--------|
| African American |    |           |           |           |           |           |        |
| Hispanic         |    |           |           |           |           |           |        |
| Other Minority   |    |           |           |           |           |           |        |
| Women            |    |           |           |           |           |           |        |
| Total Indentures |    |           |           |           |           |           |        |

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

\* Where no apprentice indentures are planned for a particular group or year, enter "0".

\*\* Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

## Part IV – Action Plans and Requirements (continued)

### B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).  
An area-wide public recruitment will publicize the following information:
  - a. Estimated number of apprentice job openings to be filled.
  - b. Eligibility requirements.
  - c. Where and when applications may be obtained.
  - d. When applications are to be submitted.
  - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached to be submitted to the Commissioner of Labor** for review and approval prior to being used.\*

### C. Methods for Selection of Apprentices

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
  - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
  - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

\* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

**Part IV – Action Plans and Requirements (continued)**

**C. Methods for Selection of Apprentices (continued)**

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
  - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.\*
  
- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
  - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
  - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
  - c. The expected time and place of the selection shall be indicated in the recruitment notice.
  - d. The place of the selection shall be open for all applicants and the public.
  - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
  - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
  
- 4. Alternative selection methods.\*\*

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

**D. Minimum Selection Standards and Evaluation.**

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/or on Form AT 508, Selection Standards and Evaluations, attached.

NYS Department of Labor  
Apprentice Training  
JUL 29 2024  
Central Office

\* Sponsors are advised to keep all applications for a **minimum of one year**.

\*\* A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.