

NYS Department of Labor Apprenticeship Training

JAN 10 2025

Central Office

New York State

Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training

DEC 11 2024

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): 89-595 (Continuous Improvement Associate); xx-xxx (Robotic Technician)
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [x] 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 [x] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 5788 Widewaters Parkway, Ste. 5
City/Town: Syracuse State: NY Zip Code: 13214
G. Email: [redacted] H. Phone: (315) 474-4201 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? [x] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [x] Other
N. How many years has your organization been in business? 110
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? [x] 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 [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.

Amy Stage 11/01/2024
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

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

Sworn to me this: 1st day of November 2024 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

JAN 10 2025



NYS Department of Labor
Apprenticeship Training
JAN 10 2025
Central Office

WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

NYS Department of Labor
Apprenticeship Training
DEC 11 2024
Albany Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Trade Registration

State Use Only
AT Sponsor No. 52218
ATP Code
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: Same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 474-7201 Ext. 49 Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Robotic Technician
- No. Employees: 28 No. Apprentices: 0 No. Journeyworkers: 0 8. Ratio: 1:1,1:1
- DOT Code: 17-3024.01 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$* _____ per Per-AT-401 14. Effective Date of Wages: _____
- 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: Wage rate: or, percentage 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 11/1/24 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

JAN 10 2025

Central Office

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code 52218

Trade Code xx-xxx Robotic Tech

NYS Department of Labor
Apprenticeship Training

DEC 11 2024

Albany Office

Related Instruction Availability

Trade: Robotic Technician

Sponsor Name: MACNY, The Manufacturers Association

Sponsor Representative: Amy Stage, Director of Apprenticeship and Workforce Development

Sponsor Address:

No. & Street: 5788 Widewaters Parkway City: Syracuse

County: Onondaga State: NY Zip Code: 13214

Sponsor Telephone No.: 315-474-4201

Proposed Number of Apprentices: _____

AT Office

Name: NYS Department of Labor

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

City: Syracuse Albany State: NY Zip Code: 13202 12226

Apprentice Training Representative: Michael Ferraro Date Prepared: 10/31/24

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

School

Name: Monroe Community College

No. & Street: 2485 West Henrietta Rd.

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Ross Micali

Telephone No.: (585) 292-3738

Email: [REDACTED]

School

Name: Onondaga Community College

No. & Street: 14585 W. Seneca Turnpike

City: Syracuse State: NY Zip Code: 13215

School Representative Contact Information:

Name: Rebecca Fracchia

Telephone No.: (315) 498-2622 x6024

Email: [REDACTED]

DLEA

Name: John Iorio

No. & Street: 573 E. Genesee Street

City: Syracuse State: NY Zip Code: 13202

Signature of DLEA [REDACTED]

Date Prepared: _____

WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

Sponsor Code: 52218

Trade Code: XX-XXX

NYS Department of Labor
Apprenticeship Training

DEC 11 2024

Central Office

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) Robotic 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
Minimum Age: 18 Minimum Education: (GED/TASC)

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

Applicant's Verbal Statement

(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

JAN 10 2025

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: 8:30a - 5:00pm

Phone: (315) 474-4201 Email: [REDACTED]

Special Instructions:

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

NYS Department of Labor
Apprenticeship Training
JAN 10 2025
Central Office

WE ARE YOUR DOL



Sponsor Code 52218
Trade Code(s) XX-XXX

NYS Department of Labor
Apprenticeship Training

DEC 11 2024

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Robotic Technician
Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total		Total
<input checked="" type="checkbox"/>	<u>2.5</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	25		
<input checked="" type="checkbox"/>	<u>2.5</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	5		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10		
<input type="checkbox"/>	Other: _____	10		
Work Experience		Total		Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	25		
<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	10		
<input type="checkbox"/>	Other: _____	5		
Seniority		Total		Total
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm			
<input type="checkbox"/>	Other: _____			
Job Aptitude		Total		Total
<input type="checkbox"/>	Name of Aptitude Test: _____			
	Administered by _____			
<input type="checkbox"/>	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score		Total		Total
<input checked="" type="checkbox"/>	<u>1-5</u> Ability to Communicate	20		
<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

NYS Department of Labor
Apprentice Training

JAN 10 2025

Central Office

WE ARE YOUR DOL



Department
of Labor

Sponsor Code 52218

Trade Code(s) XX-XXX

Robotic Technician

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

NYS Department of Labor
Apprenticeship Training

DEC 11 2024

Albany Office

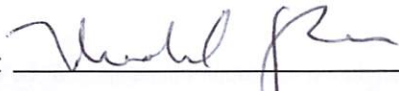
New Program Amended Renewal

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

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

Plan is effective: From: 10/31/24 To: 11/29/28

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

Signature of Sponsor:  Date: 11/4/2024

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

Do not write below this line.

Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Robotic Technician

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>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</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>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</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.

NYS Department of Labor
Apprentice Training

JAN 10 2025

Central Office

* 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).

APR 11 2024

Part IV – Action Plans and Requirements

A. Outreach and Positive Recruitment Plan

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:

MACNY communicates apprenticeship openings with area community colleges, Workforce Development Boards, and school districts. Signatories' apprenticeship opportunities are posted on MACNY's Career and Talent Platform (<https://careers-macny.icms.com/jobs/intro>), an applicant tracking system that allows individuals to apply to these opportunities.

MACNY provides information to five staffing agencies:

Aerotek, 5789 Widewaters Parkway, Syracuse, NY 13214

CPS, 904 7th North St., Liverpool, NY 13088

Staffworks, 2112 Erie Blvd. East, Ste. 400, Syracuse, NY 13224

Kelley Services, 990 James St., Syracuse, NY 13203

CR Fletcher, 125 N. Salina St., Syracuse, NY 13202

MACNY communicates with local veterans' organizations:

Clear Path, 1223 Salt Springs Rd., Chittenango, NY 13037

Institute for Veterans and Military Families, 101 Waverly Ave., Syracuse, NY 13244

NYS Department of Labor
Apprentice Training

JAN 10 2025

Central Office

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

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/) 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.

NYS Department of Labor
Apprentice Training

JAN 10 2025

Central Office

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