

New York State
 Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

 NYS Department of Labor
 Apprenticeship Training

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.

JUL 26 2022

Section I

- A. Sponsor name: Maralex Electric Corp.
- B. Trade(s): Electrician
- 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: Maralex Electric Corp.
- 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: 5-47 47th Road 3rd Floor
 City/Town: Long Island City State: NY Zip Code: 11101
- G. Email: [REDACTED] H. Phone: (631) 533-7229 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? 1
- 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

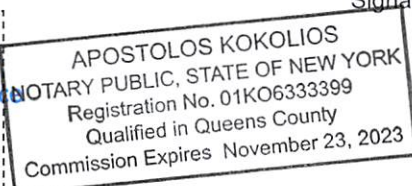
Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time 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 _____ Date 06/06/2022
 Print name and title: George Halkidis, President
 Sworn to me this: 7th day of June, 2022 _____
 Signature of Notary Public or Commissioner of Deeds



WE ARE YOUR DOL



Apprentice Training Program Registration Agreement

Revision ☐

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code <u>17072</u>
Effective Date of AT Program

- Name of Sponsor: Maralex Electric Corp.
- Mailing Address: 607 Sunrise Hwy, Second Floor Bellmore NY 11710 Nassau
(number & street) (city) (state) (zip code) (county)
- Actual Address: 5-47 47th Road 3rd Floor Long Island City NY 11101 Queens
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (631)533-7229 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Electrician
- No. Employees: 16 No. Apprentices: 2 No. Journeyworkers: 12 8. Ratio: 1:1, 1:3
- DOT Code: 824-261-010 10. Length of Program: 60 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard ☒ or Revised ☐
- Minimum Journeyworker Rate: \$ 19.25 per hour 14. Effective Date of Wages: 12/31/2018

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 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"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
1640	1640	1640	1640	1640					
\$15.00	\$15.50	\$16.00	\$17.10	\$19.00					

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

17. [Signature] 06/06/2022 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
George Halkidis, President
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

WE ARE YOUR DOL



Sponsor Code _____

Trade Code 17-072

NYS Department of Labor
Apprenticeship Training Office

Related Instruction Availability

Trade: Electrician

JUN 24 2022

Sponsor Name: Maralex Electric Corp.

Sponsor Representative: Paul A. Iaccarino

NYC

Sponsor Address:

No. & Street: 5-47 47th Road 3rd Floor

City: Long Island City

County: Queens

State: NY

Zip Code: 11101

Sponsor Telephone No.: (631)553-7229

Proposed Number of Apprentices: 2

AT Office

Name: _____

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

City: Brooklyn

State: NY

Zip Code: 11201

Apprentice Training Representative: _____

Date Prepared: 7-7-2022

☐ Related instruction is not available.

☒ Related instruction is available at:

School

Name: BTEEA - Transit Tech High School

No. & Street: 1 Wells Street

City: Brooklyn

State: NY

Zip Code: 11209

School Representative Contact Information:

Name: Paul A. Iaccarino

Telephone No.: (516)487-7830

Email: _____

School

Name: _____

No. & Street: _____

City: _____

State: _____

Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____

Email: _____

NYS Department of Labor
Apprentice Training

JUL 26 2022

Central Office

DLEA

Name: _____

No. & Street: NYC Alternative Schools Citywide Office 9c-c1 Sutton Blvd 2nd Floor RM #229

City: Jamaca

State: NY

Zip Code: 11435

Signature of DLEA _____

Date Prepared: _____

JUN 24 2022



Department
of Labor

www.labor.ny.gov

NYC

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Maralex Electric Corp.

Located at: (Address) 5-47 47th Road 3rd Floor, Long Island City, NY 11101

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

In the occupation of: (List Trade) Electrician

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, or TASC

Physical Condition: Be physically able to perform the work required as determined by:
a verbal attestation to the sponsor.

(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: An apprentice electrician is required to perform all phases of work in the electrical installation industry. This will include working with hand tools and power tools, and being exposed to loud noises, hazardous machines

Other: Some work may be required under extreme temperature exposure from 0 degrees (outside work in the winter) to 140 degrees (the inside of a ceiling in the summer or boiler rooms year round. Additionally, every

Other: An electrician is expected to lift and move heavy fixtures and equipment up to 100 pounds, and will also work from, ladders, scaffolds and personnel lifts, which may exceed 100 feet. As an essential function of the

NYS Department of Labor
Apprentice Training

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

Name: Building Trades Employers Educational Association

JUL 26 2022

Address: 607 Sunrise Highway Bellmore, New York 11710

Central Office

Days: Monday - Friday

Times: 2PM - 4PM

Phone: (516) 487-7830

Email: _____

Special Instructions:

All applicants must submit proof of birth date upon selection.

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

JUN 24 2022

NYC

WE ARE YOUR DOL



Department
of Labor

Sponsor Code _____

Trade Code(s) 17-072

Selection Standards and Evaluations

Name of Candidate		Trade <u>Electrician</u>	
Address		City	State Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement					
<input checked="" type="checkbox"/> 5	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	35			Total
<input checked="" type="checkbox"/> 5	Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/> 5	Points for Each Trade Related Adult or Continuing Education Course Completed	15			
<input type="checkbox"/>	Other _____	10			
<input type="checkbox"/>	Other _____				
Work Experience					
<input checked="" type="checkbox"/> 5	Points for Each Year of Trade Related Work Experience	35			Total
<input checked="" type="checkbox"/> 5	Points for Each Year of Active Military Experience	15			
<input checked="" type="checkbox"/> 5	Points for Each Year of General Work Experience	5			
<input type="checkbox"/>	Other _____	15			
<input type="checkbox"/>	Other _____				
Seniority					
<input type="checkbox"/>	Points for Each Year of Employment With The Sponsoring Firm				Total
<input type="checkbox"/>	Other _____				
Job Aptitude					
<input type="checkbox"/>	SATB (Specific Aptitude Test Battery) # _____				Total
<input type="checkbox"/>	Points for High _____ Medium _____ Low _____				
<input type="checkbox"/>	Name of Alternative Aptitude Test _____				
<input type="checkbox"/>	Administered by _____				
<input type="checkbox"/>	Other _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/> 0-3	Ability to Communicate	15			Total
<input checked="" type="checkbox"/> 0-5	Willingness to Accept Obligation of Apprenticeship	3			
<input checked="" type="checkbox"/> 0-2	Ability to Reason and Comprehend	5			
<input checked="" type="checkbox"/> 0-5	Interest and Motivation	2			
<input type="checkbox"/>	Other _____	5			
<input type="checkbox"/>	Other _____				

Total Allowable Points



85

Total Score →

Rank _____

Evaluated by _____ Name _____ Date _____

Sponsor Name Maralex Electric Corp.

Sponsor Address 5-47 47th Road 3rd Floor, Long Island City, NY 11101

NYS Department of Labor
Apprentice Training

JUL 26 2022

Central Office

WE ARE YOUR DOL

NYS Department of Labor
Apprenticeship Training Office



Department
of Labor

www.labor.ny.gov

JUN 24 2022

NYC

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.

GEORGE NAULITIS - PRESIDENT
Print Name and Title

06/06/22
Date

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Maralex Electric Corp Sponsor Code _____ No. of Apprentices 2

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

AT 602 (11/20)

NYS Department of Labor
Apprentice Training

JUL 26 2022

Central Office