

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

New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

NYS Department of Labor Apprenticeship Training

DEC 01 2024

Section I

- A. Sponsor name: Massena Police Department
B. Trade(s): Police Officer
C. Type of Apprenticeship Training Program (check one): 1. [x] Individual Non-Joint
D. Name of entity completing this form: Massena Police Department
E. Entity completing this form (check one): [x] Individual Employer/Sponsor
F. Mailing address: Street: 60 Main St, City/Town: Massena, State: NY, Zip Code: 13662
G. Email: [redacted] H. Phone: 315-214-9706
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
M. Type of Entity (check one and provide attachments as noted in the instructions): [x] Other
N. How many years has your organization been in business? 136 years
O. Within the past five (5) years, have you done business under a different name? [x] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [x] No

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? [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law?... [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:

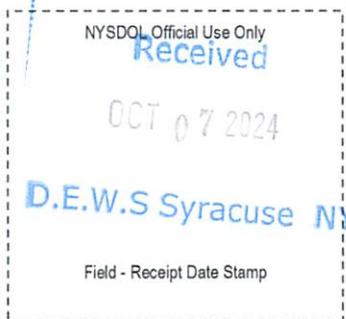
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date 10/03/2024

Print name and title: Cody Wilson Lieutenant

Sworn to me this: 3rd day of October, 2024 Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_



CHRISTINA M. BARBER  
 Notary Public, State of New York  
 No. 01BA6203561  
 Qualified in St. Lawrence County  
 My Commission Expires April 13, 2025

NYS Department of Labor  
 Apprenticeship Training  
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OCT 07 2024  
D.E.W.S Syracuse NY

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program Application

State Use Only
AT Sponsor No.
ATP Code <u>92-403</u>
Effective Date of AT Program

- Name of Sponsor: Massena Police Department
- Mailing Address: 60 Main St Massena NY 13662 St. Lawrence  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 60 Main St Massena NY 13662 St. Lawrence  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 769-3577 Ext. \_\_\_\_\_ Fax No.: 769-2735
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Police Officer
- No. Employees: 27 No. Apprentices: 0 No. Journeyworkers: 12 8. Ratio: 1:1
- DOT Code: \_\_\_\_\_ 10. Length of Program: 12 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 22.77 per hour 14. Effective Date of Wages: 06/01/2024
- 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 checked="" type="checkbox"/>	M <input checked="" 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:	<u>0-12</u>	<u>12</u>								
Wage rate: or, percentage of the journeyworker rate:	<u>01-11</u>	<u>12+</u>								
	<u>\$19.56</u>	<u>\$22.77</u>								

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

17. [Signature] 10/3/24 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Cody Wilson Lieutenant \_\_\_\_\_  
Print Name and Title Print Name, Title, and Union Name

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

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NOV 08 2024

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Apprenticeship Training Program

Sponsor Code \_\_\_\_\_

Trade Code 92-403

D.E.W.S Syracuse NY

**Related Instruction Availability**

Trade: Police Officer

Sponsor Name: Massena Police Department

Sponsor Representative: Cody Wilson

Sponsor Address:

No. & Street: 60 Main Street City: Massena

County: St. Lawrence State: NY Zip Code: 13662

Sponsor Telephone No.: 315-214-9706

Proposed Number of Apprentices: 1

**AT Office**

Name: Central Region

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

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: Brian Pace Date Prepared: 10/29/24

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

**School**

Name: SUNY Canton

No. & Street: 34 Cornell Drive

City: Canton State: NY Zip Code: 13617

School Representative Contact Information:

Name: Elizabeth Brown

Telephone No.: 315-386-7504 Email: [REDACTED] **DEC 01 2024**

NYS Department of Labor  
Apprentice Training

**School**

Central Office

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

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

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

School Representative Contact Information:

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

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

**DLEA**

Name: Alex Larche Pacific, GED & Apprenticeship Manager

No. & Street: 19 Commerce Lane

City: Canton State: NY Zip Code: 13617

Signature of DLEA: [REDACTED] Date Prepared: 11-10-24



Sponsor Code: \_\_\_\_\_

Trade Code: \_\_\_\_\_

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OCT 07 2024  
D.E.W.S. Syracuse

### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Massena Police Department

Located at: (Address) 60 Main St, Massena, NY 13662

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Police Officer

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

#### High School Diploma

**Minimum Qualifications**

Minimum Age: 21 Minimum Education: \_\_\_\_\_

Physical Condition: Be physically able to perform the work required as determined by:  
The standard physical agility exam required by St Lawrence County Civil Service.

(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: Psychological Exam

Other: Background Investigation (Civil Finger Prints - Identigo, etc...)

Other: Medication Examination (physical, auditory, vision, etc...)

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

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

Address: \_\_\_\_\_

Days: \_\_\_\_\_ Times: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions:

NYS Department of Labor  
Apprentice Training

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Central Office

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

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Department  
of Labor

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

Sponsor Code \_\_\_\_\_

Trade Code(s) \_\_\_\_\_

## Selection Standards and Evaluations

Name of Candidate: \_\_\_\_\_ Trade: Police Officer

Address: 60 Main St, City: Massena State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Only those checked apply.																															
<b>Educational Achievement</b> <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input type="checkbox"/> _____ Points for Each Trade Related Adult or Continuing Education Course Completed <input checked="" type="checkbox"/> <u>2</u> Other: <u>Basic Police Academy - graduation</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Maximum Points Allowable</th> <th style="width: 15%;">Number of Years Credited</th> <th style="width: 15%;">Score</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: center;">4</td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		<b>Total</b>	4			<b>Total</b>		1					1					2								
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<b>Job Aptitude</b> <input type="checkbox"/> _____ Name of Aptitude Test: _____ Administered by _____ <input type="checkbox"/> Other: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Maximum Points Allowable</th> <th style="width: 15%;">Number of Years Credited</th> <th style="width: 15%;">Score</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		<b>Total</b>				<b>Total</b>																				
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<b>Oral Interview: Not to Exceed 40% of Total Score</b> <input checked="" type="checkbox"/> <u>1</u> Ability to Communicate <input checked="" type="checkbox"/> <u>1</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>1</u> Interest and Motivation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Maximum Points Allowable</th> <th style="width: 15%;">Number of Years Credited</th> <th style="width: 15%;">Score</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: center;">4</td> <td style="background-color: #cccccc;"></td> <td></td> <td style="text-align: left;"><b>Total</b></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		<b>Total</b>	4			<b>Total</b>		1					1					1					1			
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Total Allowable Points →

11	Total Score →
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Rank \_\_\_\_\_

Evaluated by: Cody Wilson  
(Name)

Date: 10/23/21

Sponsor Name: Massena Police Department

NYS Department of Labor  
Apprentice Training

Sponsor Address: 60 Main St, Massena, NY 13662

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Central Office

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.

E. **Outreach and Positive Recruitment Plan (if applicable):** 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:**

Local Job Fairs (Massena High School, SUNY Potsdam/Canton, etc...)  
BASS Masters Waddington NY event, August 17 & 18, 2024

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

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:  10/03/2024  
Date  
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative.

Name: Cody Wilson Title: Lieutenant

Approved by: \_\_\_\_\_  
New York State Department of Labor Date

Sponsor Name: Massena Police Department

Sponsor Code: \_\_\_\_\_ Number of Apprentices: 0

Trade(s): Police officer  
NYS Department of Labor  
Apprentice Training

\_\_\_\_\_ DEC 01 2024

Trade Code(s): 92-403 Central Office