

SEP 05 2023

New York State
Registered Apprenticeship Training Program

Central Office

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: Metropolitan Electrical Contractors Association, Inc.

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: Metropolitan Electrical Contractors Association, Inc.

E. Entity completing this form (check one):

- Individual Employer/Sponsor Union JAC/JATC Association

Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body

F. Mailing address: Street: 85 Tompkins Street

City/Town: Staten Island State: NY Zip Code: 10304

G. Email: [Redacted] H. Phone: (347) 729-6569 I. Fax: (718) 556-2007

J. Federal Employer Identification Number (FEIN): [Redacted]

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? 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:

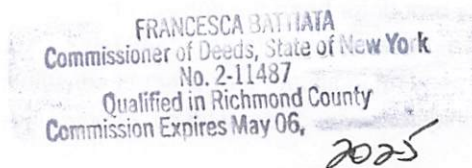
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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: Diane Cafiero Date: 8/14/2023

Print name and title: Diane Cafiero, Treasurer

Sworn to me this: 14 day of August, 2023 Signature of Notary Public or Commissioner of Deeds: [Signature]





NYSDOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

SEP 05 2023

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Registered Apprenticeship Training Program

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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: CECO Electric Inc

E. Entity completing this form (check one):
 Individual Employer/Sponsor Union JAC/JATC Association
 Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body

F. Mailing address: Street: 245 Bricktown Way, Suite J
City/Town: Staten Island State: NY Zip Code: 10309

G. Email: [Redacted] H. Phone: (718) 619-8161 I. Fax: (718) 556-2007

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? 5

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
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- 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
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 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
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 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.

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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:

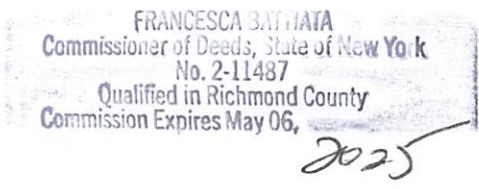
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

Diane Cafiero 8/11/2023
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Diane Cafiero, President

Sworn to me this: 11 day of August, 2023 [Signature]
 Signature of Notary Public or Commissioner of Deeds



SEP 05 2023

Central Office **Apprentice Training Program Registration Agreement**

Revision

Nature of Change: NEW PROGRAM

State Use Only	
AT Sponsor No.	
ATP Code	17-072
Effective Date of AT Program	

- Name of Sponsor: Metropolitan Electrical Contractors Association, Inc.
- Mailing Address: 85 Tompkins Street Staten Island New York 10304 Richmond
(number & street) (city) (state) (zip code) (county)
- Actual Address: 190 Willis Ave Mineola New York 11501 Nassua
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 347-729-6569 Ext. _____ Fax No.: 718-556-2007
- E-mail Address: _____
- Trade/Occupation: Electrician
- No. Employees: 350 No. Apprentices: 0 No. Journeyworkers: 198 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: \$ \$26.50 per hour 14. Effective Date of Wages: 06/01/2023

15. Apprentice wage progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
1-12	13-24	25-36	37-48	49-60					
\$17.50/hr	\$18.35/hr	\$19.25/hr	\$20.35/hr	\$21.75/hr					

NYS Department of Labor
Apprenticeship Training Office

AUG 14 2023

NYC

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

17. Diane Capen 8/14/23 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Print Name, Title, and Union Name

Date

SEP 05 2023



Apprenticeship Training Program

NYS Department of Labor
Apprenticeship Training Office

Central Office

Related Instruction Availability

AUG 14 2023

Trade: Electrician

Sponsor Name: Metropolitan Electrical Contractors Association, Inc.

Sponsor Representative: Diane Cafiero NYC

Sponsor Address:

No. & Street: 190 Willis Ave City: Mineola

County: Nassau State: NY Zip Code: 11501

Sponsor Telephone No.: 347-729-6569

Proposed Number of Apprentices: 0

AT Office

Name: New York State Department of Labor - Apprenticeship Training

No. & Street: 1220 Washington Ave., Building 12, Room #459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [REDACTED] Date Prepared: _____

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

School

Name: Berk Trade and Business School

No. & Street: 33-09 Queens Blvd

City: Long Island City State: NY Zip Code: 11101

School Representative Contact Information:

Name: Dr. M. McTague

Telephone No.: 718-729-0909 Email: [REDACTED]

School

Name: Electrical Training Center

No. & Street: 65 Elm Street

City: Copiague State: NY Zip Code: 11726

School Representative Contact Information:

Name: Robert McLaughlin

Telephone No.: 631-226-8021 Email: [REDACTED]

DLEA

Name: Emerald Roberts

No. & Street: NYC Alternative Schools Citywide Office - 90-01 Sutphin Blvd, 2nd Fl, Rm #229

City: Jamaica [REDACTED] Zip Code: 11435

Signature of DLEA [REDACTED] Date Prepared: _____

SEP 05 2023

Central Office

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

Sponsor Code: _____

Trade Code: 17-072

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Metropolitan Electrical Contractors Association, Inc.

Located at: (Address) 85 Tompkins Street, Staten Island NY 10304

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

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 High School Diploma or equivalent such as GED or TASC.

Minimum Age: 18 Minimum Education: _____

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

Applicant will verbally attest to be able to physically perform the work required, which may include but not limited to: lifting 50+ lbs unassisted. Must be able to climb and work from ladders and scaffolding of various lengths and heights. Must be able to stand, and/or sit for long periods of time.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must be legally able to work in the USA, provide proof upon offer of employment. Must be able to learn how to operate tools and equipment. Must be able to read/understand English, hear and understand instructions and warning given in English.

Other: Have a minimum proficiency in 7th grade math. Must be OK getting dirty during work hours. Must be able to work long hours during mandatory overtime. Must be able to be around loud noises for long period of time.

Other: Must have good hand and eye coordination and be able to do repetitive actions daily. Must have reliable means of transportation. Must be able and willing to attend related instruction classroom training as required to complete this program.

NYS Department of Labor
Apprenticeship Training Office

Application forms may be obtained: From: TBD To: TBD **AUG 14 2023**

Name: Metropolitan Electrical Contractors Association, Inc.

Address: 85 Tompkins Street Staten Island, NY 10304 **NYC**

Days: Monday-Friday Times: 9am - 12pm

Phone: - _____ Email: [REDACTED]

Special Instructions:

Email only

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

AUG 14 2023

SEP 05 2023



Department of Labor

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NYC

Central Office

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Electrician

Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.

Educational Achievement

- 4 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- 4 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- 4 Points for Each Trade Related Adult or Continuing Education Course Completed
- _____ Other: _____

	Maximum Points Allowable	Number of Years Credited	Score	
Total	32			Total
	12			
	12			
	8			

Work Experience

- 4 Points for Each Year of Trade Related Work Experience
- 4 Points for Each Year of Active Military Experience
- 4 Points for Each Year of General Work Experience
- _____ Other: _____

Total	36			Total
	12			
	8			
	16			

Seniority

- 5 Points for Each Year of Employment with The Sponsoring Firm
- _____ Other: _____

Total	10			Total
	10			

Job Aptitude

- _____ Name of Aptitude Test: _____
- _____ Administered by _____
- _____ Other: _____

Total				Total

Oral Interview: Not to Exceed 40% of Total Score

- 0-5 Ability to Communicate
- 0-5 Willingness to Accept Obligation of Apprenticeship
- 0-5 Ability to Reason and Comprehend
- 0-5 Interest and Motivation
- _____ Other: _____
- _____ Other: _____

Total	20			Total
	5			
	5			
	5			
	5			

Total Allowable Points →

98	Total Score →
----	----------------------

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Metropolitan Electrical Contractors Association, Inc.

Sponsor Address: 85 Tompkins Street, Staten Island, NY 10304

SEP 05 2023



Department
of Labor

www.labor.ny.gov

AUG 14 2023

Central Office

**Non-Discrimination Plan
(Short Form)**

NYC

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 (www.newyork.us.jobs/) 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 (www.newyork.us.jobs/).
- 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: *Diane Cafiero* 8/14/2023
Date

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

Diane Cafiero

Treasurer

Print Name and Title

Approved by: _____ Date _____
New York State Department of Labor

Sponsor Name Metropolitan Electrical Contractors Sponsor Code _____ No. of Apprentices 0

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