



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

NYS Department of Labor
Apprentice Training

JUN 23 2023

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: Modine Contracting Corp
B. Trade(s): PAINTER & DECORATOR
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: Modine Contracting Corp
E. Entity completing this form (check one):
[X] 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: 2 Madison Ave, suite 205, City/Town: Larchmont State: NY Zip Code: 10538
G. Email: [Redacted] Phone: 914-204-6071 Fax: 888-504-6071
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 [X] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[X] Corporation [ ] Partnership [ ] Sole-Proprietor [ ] LLC [ ] LLP [ ] Other
N. How many years has your organization been in business? 38
O. Within the past five (5) years, have you done business under a different name? [ ] Yes [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? [ ] Yes [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? [ ] 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.

Gesthimani Kouloukis / Gesthimani Kouloukis 1/17/2023  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Gesthimani Kouloukis (CEO/President)

Sworn to me this: 17<sup>th</sup> day of Jan. 2023 Donald Goldsmith  
 Signature of Notary Public or Commissioner of Deeds



DONALD GOLDSMITH  
 Notary Public, State of New York  
 No. 01G05021034  
 Qualified in Westchester County  
 Commission Expires Dec. 6, 2024

**WE ARE YOUR DOL**



www.labor.ny.gov

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<b>14-156</b>
Effective Date of AT Program	

1. Name of Sponsor: Modine Contracting Corp  
 2 Madison Ave, suite 205 Larchmont NY 10538 Westchester  
 2. Mailing Address: (number & street) (city) (state) (zip code) (county)  
 2 Madison Ave, suite 205 Larchmont NY 10538 Westchester  
 3. Actual Address: (number & street) (city) (state) (zip code) (county)  
 2 Madison Ave, suite 205 Larchmont NY 10538 Westchester  
 4. Telephone No.: 718-204-6071 Ext. \_\_\_\_\_ Fax No.: 888-504-6071  
 5. E-mail Address: \_\_\_\_\_

6. Trade/Occupation: PAINTER & DECORATOR

7. No. Employees: 8 No. Apprentices: 0 No. Journeyworkers: 5 8. Ratio: 1:1:3

9. DOT Code: \_\_\_\_\_ 10. Length of Program: 36 months

11. Apprentice Probationary Period: 9 months 12. Work process: Standard  or Revised

13. Minimum Journeyworker Rate: \$ 43.75 per hr 14. Effective Date of Wages: 1/1/2023

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 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"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/> 0-2000	H <input checked="" type="checkbox"/> 2001-4000	H <input checked="" type="checkbox"/> 4001-6000	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"/>
\$23.00	\$28.00	\$35.00	X	X	X	X	X	X	X	X

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

17. Gesthimani Kouloukis 3/9/2023  
 Signature of Official Sponsor Representative Date  
 Gesthimani Kouloukis/ President  
 Print Name and Title

18. \_\_\_\_\_  
 Signature of Union Representative Date  
 Print Name, Title, and Union Name

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

NYS Department of Labor  
 Apprentice Training

JUN 23 2023

Central Office

WE ARE YOUR DOL



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

Trade Code 14-156

Apprenticeship Training Program

NYS Department of Labor  
Apprentice Training

Related Instruction Availability

JUN 23 2023

Trade: Painter brush/roller Painter & Decorator

Sponsor Name: Modine Contracting Corp

Central Office

Sponsor Representative: Gesthimani Kouloudis

Sponsor Address: 2 Madison Ave, suite 205

No. & Street: \_\_\_\_\_ City: Larchmont

County: Westchester State: NY Zip Code: 10538

Sponsor Telephone No.: 718-204-6071

Proposed Number of Apprentices: 1

AT Office

Name: Gesthimani Kouloudis

No. & Street: 2 Madison Ave, suite 205

City: Larchmont State: NY Zip Code: 10538

Apprentice Training Representative: \_\_\_\_\_ Date Prepared: 1/31/2023

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

School CTCNYS - Syracuse

Name: ABC Empire State Associated Builders & Contractors

No. & Street: 6369 Callamer Rd

City: East Syracuse State: NY Zip Code: 13057

School Representative Contact Information:

Name: Jeff Albert

Telephone No.: 315-246-7233 Email: \_\_\_\_\_

School CTCNYS - Hudson Valley, Westchester CC 75 Callamer Rd, Valhalla

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

No. & Street: 10369 Callamer Rd

City: East Syracuse Valhalla State: NY Zip Code: 10595

School Representative Contact Information:

Name: Jeff Albert

Telephone No.: 315-246-7233 Email: \_\_\_\_\_

DLEA

Name: Emerald Roberts - NYC DEPT of Education

No. & Street: 179 Alternative Schools and Programs, 90-01 Seaphin Blvd, 2nd Floor Rm #229

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA \_\_\_\_\_ Date Prepared: 6/13/23

JUN 23 2023

**Apprenticeship Agreement**

**I. Apprenticeship Agreement**

Sponsor No. \_\_\_\_\_ ATP Code 14-156

	1. Name of Program Sponsor <b>Modine Contracting Corp</b>		
	Physical address of Program Sponsor (no. and street) <b>2 Madison Ave, suite 205,</b>		
	City <b>Larchmont</b>	County <b>Westchester.</b>	State Zip code <b>NY. 10538</b>
	Mailing address of Program Sponsor (no. and street) <b>2 Madison Ave, suite 205</b>		
	City <b>Larchmont.</b>	County <b>Westchester.</b>	State Zip code <b>NY 10538</b>
2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <b>PAINTER &amp; DECORATOR</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 If "Yes," Trade _____ State _____	3. Start Date	4. Length of program (Months) <b>36</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>9 months</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>ABC Empire State, 6369 Collamer rd, East Syracuse, NY 13057</b>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$43.75</b>
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <b>N/A</b> <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one:  Months  Hours  Points  Sections

		1	2	3	4	5	6	7	8	9	10
HR (0-20000)	HR (2001-4000)				X	X	X	X	X	X	X
\$23.00	\$28.00	\$35.00	X	X	X	X	X	X	X	X	X

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

Signature of \_\_\_\_\_ Date 3/9/2023 Signature of Official Sponsor Representative [Signature] Date 3/9/2023

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
To ATC _____	_____
To DLEA _____	_____
Rank Verify _____	_____
Data Entry _____	_____

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

**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.**

**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 \_\_\_\_\_



JUN 23 2023

Central Office

# Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Madine Contracting Corp  
Located at: (Address) 2 Madison Ave, Suite 205, Larchmont -NY 10538  
Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 2  
In the occupation of: (List Trade) Painter

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 y Minimum Education: High school or equivalency (TASC or GED)

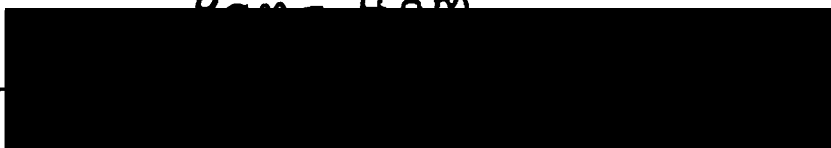
Physical Condition: Be physically able to perform the work required as determined by:

(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:

Application forms may be obtained: From: 2 To: 6  
Name: Gesthimani Kouloutis  
Address: 2 Madison Ave, suite 205, Larchmont -NY 10538  
Days: M-F  
Phone: 914-204-6071 Email:   
Special Instructions:

All Applications Must be (please check)  Received  Postmarked No Later Than: 1/1/23



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: PAINTER & DECORATOR

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Education Past Grade <u>12th</u> or Equivalent as Recognized by Local Educational Authorities	<u>30</u>			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	<u>15</u>			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed	<u>15</u>			
<input type="checkbox"/>	Other: _____				
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	<u>30</u>			
<input type="checkbox"/>	Points for Each Year of Active Military Experience	<u>20</u>			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of General Work Experience	<u>10</u>			
<input type="checkbox"/>	Other: _____				
<b>Seniority</b>					
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm				
<input type="checkbox"/>	Other: _____				
<b>Job Aptitude</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>					
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	<u>40</u>			
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	<u>10</u>			
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	<u>10</u>			
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	<u>10</u>			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

<del>85</del>	Total Score →
<u>100</u>	

Rank \_\_\_\_\_

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

Date: 3/9/23  
NYS Department of Labor  
Apprentice Training

Sponsor Name: Modine Contracting Corp

JUN 23 2023

Sponsor Address: 2 Madison Ave, suite 205, Larchmont, NY 10538

Central Office

# WE ARE YOUR DOL



Department  
of Labor

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

## 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.

2/9/2023  
Date

Gesthimani Kouloukis President  
Print Name and Title

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

New York State Department of Labor

Date

Sponsor Name Modine Contracting Corp

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

No. of Apprentices \_\_\_\_\_

Trade(s) PAINTER & DECORATOR

Trade Code(s) 14-156

NYS Department of Labor  
Apprentice Training

JUN 23 2023

AT 602 (12/21)

Central Office