



NYSDOL 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.

DEC 05 2024

Section I

- A. Sponsor name: MVHS Inc.
B. Trade(s): Please see attached list
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: MVHS 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: 111 Hospital Drive
City/Town: Utica State: NY Zip Code: 13502
G. Email H. Phone: (315) 914-1522 I. Fax:
J. Federal Employer Identification Number (FEIN)
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? [X] Yes [] 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? 100
O. Within the past five (5) years, have you done business under a different name? [X] 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 [X] 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.

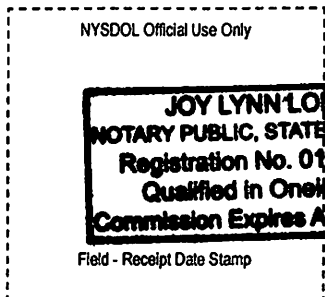
Kimberly Gent
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity

10/22/2024
 Date

Print name and title: Kimberly Gent, Work Force Development Partner

Sworn to me this: 22nd day of October 2024

Joy Lynn Lomazzo
 Signature of Notary Public or Commissioner of Deeds



Received
 OCT 22 2024

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Department of Labor

www.labor.ny.gov

D.E.W.S Syracuse NY

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

Table with 3 rows: State Use Only, AT Sponsor No., ATP Code 80-617C, Effective Date of AT Program

- 1. Name of Sponsor: MVHS Inc.
2. Mailing Address: 111 Hospital Drive Utica NY 13502 Oneida
3. Actual Address: Same as Above
4. Telephone No.: (315) 914-1522
5. E-mail Address: [Redacted]
6. Trade/Occupation: Pharmacy Associate

7. No. Employees: 4000 No. Apprentices: 0 No. Journeyworkers: 2 8. Ratio: 1:1,1:1

9. DOT Code: Length of Program: Comp (12) months

11. Apprentice Probationary Period: 3 months 12. Work process: Standard [checked] or Revised

13. Minimum Journeyworker Rate: \$ 17.67 per Hour 14. Effective Date of Wages: 10/22/2024

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

Table with 10 columns (1-10) and 3 rows (Months, Hours, Wage rate) for apprentice wage progression.

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

17. [Signature] Signature of Official Sponsor Representative
Date: 10/22/24
Kim Gent, SR Talent Acquisition Partner

18. [Signature] Signature of Union Representative
Date

19. Signature New York State Department of Labor Date

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 80-617C

Related Instruction Availability

Trade: Pharmacy Associate

Sponsor Name: MVHS Inc.

Sponsor Representative: Kimberly Gent

Sponsor Address:

No. & Street: 111 Hospital Drive City: Utica

County: Oneida State: NY Zip Code: 13502

Sponsor Telephone No.: (315) 914-1522

Proposed Number of Apprentices: 2

AT Office

Name: Central

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

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: Kerry Highers Date Prepared: 10/15/24

Related instruction is **not** available.

Related instruction **is** available at:

NYS Department of Labor
Apprentice Training

DEC 05 2024

Central Office

School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Franca Armstrong

Telephone No.: (315) 792-7670 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

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School Representative Contact Information:

Name: _____

OCT 25 2024

Telephone No.: _____ Email: _____

D.E.W.S Syracuse NY

DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 10/25/24



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: MVHS Inc.

Located at: (Address) 111 Hospital Drive Utica, NY 13502

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

In the occupation of: (List Trade) Pharmacy Associate

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

Minimum Qualifications HSD/GED
Minimum Age: 18 Minimum Education: _____

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

- Regular and routine exposure to a variety of unpleasant physical working conditions. Frequent exposure to injury or occupational or contagious disease hazards which require routine precautions is possible. Exposure to inclement or extreme weather is possible.
- Determined through Pre-Employment screening
- Requires moderate physical effort on a regular basis as in frequent standing, walking, bending, pushing, pulling, stooping or reaching and/or occasional lifting (i.e., up to 35 lbs.)
- Concentration needed to assimilate information given from many sources at once. Ability to see, hear, smell, read, write, hear and speak.

(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: Pre Employment Screening paid for by the sponsor

Other: Drug Screen paid for by the sponsor

Other: Background check paid for by the sponsor

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NOV 26 2024

D.E.W.S Syracuse NY

Application forms may be obtained: From: 10/23/2024 To: 10/23/2026

Name: MVHS Inc.

Address: 111 Hospital Drive Utica, NY 13502

NYS Department of Labor
Apprentice Training

Days: Monday - Friday Times: 8 AM - 4 PM

DEC 05 2024

Phone: (315) 914-1500 Email: [REDACTED]

Central Office

Special Instructions:

Please Place "ATT Kimberly Gent" in the subject line.

All Applications Must be (please check) Received Postmarked **No Later Than:** 10/22/2026

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OCT 24 2024

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Sponsor Code _____

Trade Code(s) 80-617C

D.E.W.S Syracuse NY

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Pharmacy Associate

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</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	16		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	4		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	4		
<input type="checkbox"/>	Other: _____	8		
Work Experience		Total		Total
<input checked="" type="checkbox"/>	<u>4</u> Points for Each Year of Trade Related Work Experience	24		
<input checked="" type="checkbox"/>	<u>4</u> Points for Each Year of Active Military Experience	8		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of General Work Experience	8		
<input type="checkbox"/>	Other: _____			
Seniority		Total		Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Employment with The Sponsoring Firm	15		
<input type="checkbox"/>	Other: _____	15		
Job Aptitude		Total		Total
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	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 →

75	Total Score →	
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Rank _____

Evaluated by: _____ Date: _____
(Name)

Sponsor Name: MVHS Inc.

Sponsor Address: 111 Hospital Drive Utica, NY 13502

NYS Department of Labor
Apprentice Training

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**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.

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NYS Department of Labor
Apprentice Training

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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.

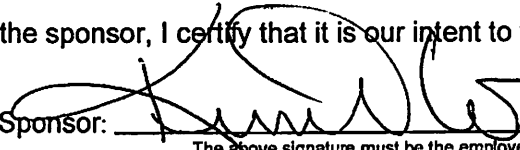
E. **Outreach and Positive Recruitment Plan (if applicable):** Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment 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:

Created a program for Local High Schools to apply to the program
Work with the Local refugee center , offer assistance when needed .
Applied for Work Force Solutions within NY State , to hire employees with barriers.
Created training with current managers on working with staff with barriers
MVHS is an Equal Opportunity Employer

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:  _____ 10/18/24
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Name: Kimberly Gent Title: Community Workforce Development Partner

Approved by: _____
New York State Department of Labor Date

Sponsor Name: MVHS Inc.

Sponsor Code: _____ Number of Apprentices: _____

Trade(s): Please See Attached List

Trade Code(s): Please See Attached List

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OCT 28 2024