



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

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

NYS Department of Labor
Apprentice Training

DEC 05 2024

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.

Central Office

Section I

- A. Sponsor name: MVHS Inc.
B. Trade(s): Please see attached list Workforce Development Specialist
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: MVHS Inc.
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: 111 Hospital Drive
City/Town: Utica State: NY Zip Code: 13502
G. Email [Redacted] H. Phone: 717-873-9804 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? [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.

Tracey Aust 10/23/24
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Kim Gent, SR Talent Acquisition Partner Tracey Aust, Dir. Talent Acquisition

Sworn to me this: 23rd day of October 2024 Joy Lynn Lomazzo
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

JOY LYNN LOMAZZO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LO6408237
Qualified in Oneida County
Commission Expires August 17, 2028

Field - Receipt Date Stamp

Received

OCT 23 2024

Received

OCT 23 2024

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Department of Labor

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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	89-625
Effective Date of AT Program	

1. Name of Sponsor: MVHS Inc.

2. Mailing Address: 111 Hospital Drive Utica NY 13502 Oneida
(number & street) (city) (state) (zip code) (county)

3. Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)

4. Telephone No.: 717-873-9804 Ext. 1 Fax No.: _____

5. E-mail Address: _____

6. Trade/Occupation: Workforce Development Specialist

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

9. DOT Code: _____ 10. Length of Program: 12 months

11. Apprentice Probationary Period: 3 Months 12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: \$ 41.80 per hour 14. Effective Date of Wages: 10/22/24

15. 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"/>	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"/>
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:	12	12								
Wage rate: or, percentage of the journeyworker rate:	35.00	40.20								

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

17. Tracey Aust 10/21/24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Tracey Aust, Director, Talent Acquisition
Print Name and Title

NA
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor NYS Department of Labor Apprenticeship Training Date

DEC 05 2024



DEC 05 2024

Apprenticeship Agreement

Received

I. Apprenticeship Agreement

Central Sponsor No. _____ ATP Code 89-625

OCT 28 2024

	1. Name of Program Sponsor MVHS Inc.		
	Physical address of Program Sponsor (no. and street) 111 Hospital Drive		
	City Utica	County Oneida	State Zip code NY 13502
	Mailing address of Program Sponsor (no. and street) Same as Above		
	City County State Zip code		
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Workforce Development Specialist			
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes," Trade _____ State _____	3. Start Date	4. Length of program (Months) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) MVCC Utica, NY		RI Compensated <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate \$35.00 41.80
8. Credit for previous training or experience: Months Points Sections <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
12	24								
40.20 35.00	41.80 40.20								

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

[Redacted Signature]

Date 10 23 2024 Signature of Official Sponsor Representative Jacey Lust Date 10 23, 24

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____ Date ____/____/____

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

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.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative _____ Date ____/____/____ Print Name _____

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

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-625

Related Instruction Availability

Trade: Workforce Development Specialist

NYS Department of Labor
Apprentice Training

Sponsor Name: MVHS Inc.

DEC 05 2024

Sponsor Representative: Kimberly Gent

Sponsor Address: _____

Central Office

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:

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: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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OCT 25 2024

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: _____

In the occupation of: (List Trade) Workforce Development Specialist

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

Minimum Qualifications Preferred BSA
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 Health Screen 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

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

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

Special Instructions:

Please Place "ATT Tracey Aust" in the subject line.

NYS Department of Labor
Apprentice Training

DEC 05 2024

Central Office

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

Received

OCT 24 2024

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Sponsor Code _____

Trade Code(s) 89-625

D.E.W.S Syracuse NY

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Workforce Development Specialist

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	12		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of General Work Experience	8		
<input type="checkbox"/>	Other: _____	4		
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 →	
----	---------------	--

Rank _____

Evaluated by: _____ (Name)

Date: _____ NYS Department of Labor
Apprentice Training

Sponsor Name: MVHS Inc.

DEC 05 2024

Sponsor Address: 111 Hospital Drive Utica, NY 13502

Central Office

**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.

NYS Department of Labor
Apprentice Training

DEC 05 2024

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:

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: *Tracey Aust* 10/23/24
Date

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

Name: ~~Kim Gent~~ TRACEY AUST Title: SR Talent Acquisition Partner Director Talent Acquisition

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

Sponsor Name: MVHS Inc.

Sponsor Code: _____ Number of Apprentices: 1

Trade(s): ~~Please See Attached List~~ Workforce Development Specialist

Trade Code(s): Please See Attached List