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M,	YSDOL Use On	ly:	Sponsor No	O	and the same of th
4	New Program	□ F	Reactivation	☐ Revision	☐ Recertification

### New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

# Sponsor Information Sheet and Instructions JUL 1 2 2021

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.

	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
Sect	ion I	
Α.	Sponsor name: Mothership Food LLC dba The Tailor and the Cook	
В.	Trade(s): Cook (Chef), Baker, Retail and Cook	
C.	Type of Apprenticeship Training Program (check one).	_
*Ec	1 Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC) or sponsors of group programs only (3 and 4) — See instructions for signatory list submission information.	⊅: '
D.	Tim Hardiman	
	Entity completing this form (check one):	TOTAL TALLESCOPE
	☑ Individual Employer/Sponsor ☐ Union ☐ JAC/JATC ☐ Association	
	Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body	
r:	Mailing address: Street: 94 Genesee Street	
٠.	City/Town: Utica State: N Y Zip Code: 13502	
G.	A A W As a second of the secon	
J.	10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
	Federal Employer Identification Number (FEIN):	
K.	NYS Unemployment Insurance Employer Registration (ER) Number	
1	Is this entity required to report any employee wages under this FEIN to the NYS Department	Francoog
	of Tax and Finance?	□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? 10	
O.	Within the past five (5) years, have you done business under a different name?	□ No
	If 'Yes', provide attachments as noted in the instructions.	Romand 1 4 CD
₽.	If this is part of a new program application or if your entity is new to an existing program, within	
	the past five (5) yearls, 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 partitier, or any proprietor been a sponsor of, or signatory to, a NYS Registered	
	Apprenticeship Program?	<b>Z</b> No
	If 'Yes', provide attachments as noted in the instructions.	
Secti	ion II	
Comp	lete <b>all</b> 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	
	cessor company or entity, any owner of 10% or more of the entity's shares, any director, any can be any partner, or any proprietor been the subject of:	
1.	Any conviction for a crime under state or federal law?	<b>☑</b> No
2.	Any indictment or pending indictment for conduct constituting a crime under state or federal law?	Z No
3.	Any grant of immunity for conduct constituting a crime under state or federal law?	V No

AT 9 (05/16)

<sup>\*\*</sup> For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions

4.	contract or subcontr	act for lack of responsibilit	by any governmental entity of any p y, or denial or revocation of pre-qua	alification		-
			luntary exclusion agreement?			No No
5.			cluding Workers' Compensation or		Yes	V No
6.	federal law or regula	ntion including, but not limit	e violation, or determination of a vio ted to, investigations by the Nationa	al Labor Relation	Control of the Contro	
	Board (NLRB) or the	United States Departmen	nt of Labor (USDOL) Wage and Hou	ur Division?	. Yes	V No
7.	a. Any pending or	pen Occupational Safety	and Health Administration (OSHA)	investigation?	Yes	☑ No
	b. Any OSHA citati	on that resulted in a final of	letermination classified as serious,	willful, or repeat	? Yes	V No
8.	<ul> <li>Any pending or New York State</li> </ul>	pen investigation of a pos law or regulation, any other	sible violation, or determination of a er state law or regulation, or any mu estigations by the Bureau of Public V	a violation of inicipal law or		
			on of Labor Standards?		T Yes	V No
			willful?			□ No
9.	Any investigations, of	aims, or lawsuits before t	he US Equal Employment Opportu ompliance Program (OFCCP), NYS	nity Commission		I IVO
		1	Civil Rights Commissions?		Пусс	Z No
10.			like agreement involving any state,		. • 105	M INO
10.			ry) other than those covered abo		П	[7]
	rederal enforcement	action guotcial of regulato	y) other than those covered abo	ve r	Yes	√ No
	After completi	ng Sections I and II,	you must sign Section III, a	nd have it no	tarized.	
Secti	on III					
		signed recognize that I su	bmit this questionnaire to permit the	New York State	0	
Depart serving	ment of Labor to revi g as a member of the	ew the background of the JAC/JATC or other govern	applicant, sponsor, union, or signathing body at the time of new programpropriate by the Department.	ory employers a	nd associa	ation(s) ram
l certi			· Property Commence of the com			
	*	l		44.		
	of all statement	s made herein.	cretion to choose the means to dete			эсу
•	under Penal La	submission of false or mis w (PL § 210.35), and may f up to one year (PL § 70.1	sleading information may constitute be punishable by a fine of up to \$1 15(1)).	a Class A misde ,000 (PL § 80.05	emeanor 5(1)) and/c	r
	That the inform	ation submitted in this que	stionnaire and any attachments is t	rue, accurate, ai	nd comple	te
man v						
particip applica	ating in a Joint Appr iți <b>q</b> n request or progr	enticeship Committee, or c am. Signing this documer	ation uncovered regarding any applied other sponsoring association, may a at constitutes permission to release	adversely affect t	the sponso	or's
mornie	attorn concerning the	entity completing this form	to the program sponsor.	CINIOA		
3	VIV			6/4/21	and the same of the same of the same	Maritanian (maritan)
Signati	\ }		gal authority to bind the Entity	Da	ate	
Print na	ame and title: Timoth	y Hardiman, Owner				
Sworn	to me this: 4th	lay of JUN, 2021	Tuesa W. Symo	and the same of th		
	NVCDOL ORiginal Hand Order	-1	Signature of Notary Public	or Commissione	er of Deed	S
	NYSDOL Official Use Only RECEIV	ED	TENERA MA DENMANDE			
1	1		TERESA M. SEYMORE Notary Public, State of New Y	'ork		
į	JUN 2 2	2021	Qualified in Oneida Co.			
1			No. 015E6098979 Commission Expires: September	22,2023		
1	D.E.W.S., SYRA	CUSE NY				
1		1	Approxi	ment of Labor		
1	Field - Receipt Date Stamp	f 1	applenti	ce Training		
L		l 	JUL 1	2 2021		
AT 9 (	05/16)					2 of 4



### New York State Department of Labor

## Apprentice Training Program Registration Agreement

Revision  Nature of Ch	New	New Program							State Use Only AT Sponsor No.		
Nature of Or								ATP Code	55-569C		
								of AT Program			
Name of Spo	Moth	ership F	ood LL	cdb	q TV	re Tai	lor to	ind the (	OOK		
Mailing Addre	94 Ge	nesee S		Jtica		NY		13502	Oneida		
	(numbe	r & street)		(city)		1	(state)	(zip cod	e) (county)		
<ol><li>Actual Addre</li></ol>	/numbe	r & street)		(city)			(state)	(zip cod	e) (county)		
4. Telephone N	315-62	4-3663			Ext	Fax	No.:				
5. E-mail Addre	ss:	,					-				
6. Trade/Occup	ation:			0			2		1.1 1		
7. No. Employe	es:	No. Appr	rentices:		No. Journ	neyworker	s:	8. Ratio:	1.1,1 °.1		
9. DOT Code: _	313. 3	361.	010		1	0. Lengt	th of Prog	gram:	months		
11. Apprentice I	robationary	Period:				2. Work	process:	Standard	or Revised		
13. Minimum Jo	urneyworker	Rate: \$_1	5.0	per hou	ir	14. Effec	ctive Date	of Wages:	3/21		
15. Apprentice v	rane bronres	sion for ea	ich neriod	_ in mon	the (M) or	hours (H)					
	2 3	4	5	6	7	8	9	10	NVS Donorius		
M m M	• M 🗆	M	М	М	М	М	М	M	NYS Department of La Apprentice Training		
H ☐ H 1-12mo 12-	Н	н 🗆	н	н 🗆	н 🗆	н 🗆	н 🗆	н□	JUL 1 2 2021		
14.0 14	.50								Central Office		
16. The sponso		sor Repres		Sions on to	21 18	3.	ature of U	of this agreement nion Representa me, Title, and U	ative Date		
19	Gignature Ne	w York Sta	ite Depart	ment of L	abor		1	RECEIVED -	Date		

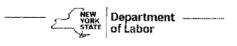
#### WE ARE YOUR DOL

Apprenticeship Training Program

# **Related Instruction Availability**

Trade: Cook			
Sponsor Name: The Tailor and the Cook			
Sponsor Representative: Tim Hardiman			100 American (100 American
Sponsor Address:  No. & Street: 94 Genesee St	City	Utica	
County: Oneida	State: NY	Zip Code:	13502
County: Oneida Sponsor Telephone No.: 315-624-3663 Proposed Number of Apprentices: 0			
Proposed Number of Apprentices: 0			
AT Office			
Name: NYS Dept of Labor Apprenticeship Training			
No. & Street: 450 S. Salina St. Room 203			A CONTRACTOR OF THE CONTRACTOR
City: Syracuse	State: NY	Zip Code	13202
Apprentice Training Representative:		Date Prepa	: <u>13202</u> ared: <u>6/3/21</u>
Related instruction is <b>not</b> available.	Related instruction	on <b>is</b> available at	•
School Name: Mohawk Valley Community College			
No. & Street: 1101 Sherman Drive	PPENERONE BUTCH STORE STORE AND AND AND A Laboratory and Annual Andrew Manager and Annual Annual Annual Annual	TOTAL TOTAL TOTAL TOTAL TOTAL STORM SELECTED SELECTION S	
City: Utica	State: NY	Zip Code:	13501
School Representative Contact Information:  Name: James Willey			NYS Department of Labor Apprentice Training
Telephone No.:	Email:		111 7 11 0000
School			SOF TENDEL
Name:			Central Office
No. & Street:			
City:		Zip Code:	V 117 117 117 117 117 117 117 117 117 11
School Representative Contact Information:		_	The state of the s
Name:			
Telephone No.:	Email:		
DLEA			
Name:	***************************************		
No. & Street: 4937 Spring Road			
Oity: Verona	State: NY	Zip Code	13478
Signature of DLEA			6/4/21

#### WE ARE YOUR DOL



Sponsor Code: 55-569C 55-569C

www.labor.ny.gov

## Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Tailor and the Cook			
Located at: (Address) 94 Genesee S	t. Utica NY 13502		
Is presently accepting applications for A	pprenticeship Training Position	ns: List estimated number o	of openings:
In the occupation of: (List Trade) Coo	k		
If you are interested in taking advanta eligible to apply.	age of this training opportun	ity and meet the following	g qualifications, you are
Minimum Qualifications	111.1.0.1		
Minimum Age: 18 Minimum	Education: High School Dip	oloma or Equivalent (GE	D/TASC)
Physical Condition: Be physically able to	perform the work required as	determined by:	
(Note: Costs for medical examination, if application fees charged to an applicant	required, are at the expense o may not result in a profit for th	f the sponsor. Additionally, ie sponsor.)	any testing fees and permitted
Other:			
Other:			
Other:			NYS Department of Labor Apprentice Training
			JUL 1 2 2021
•			Cambras CAP
Application forms may be obtained:	From: 07/14/2021	To: 08/28/2021	Central Office
Name: The Tailor and the Cook			The second secon
Address: 94 Genesee St. Utica, NY	13502		
Days: Wed-Sat	Times	after 4pm	
Phone: (315) 624-3663	Email:		
Special Instructions:		_	
All Applications Must be (please check)		rked No Later Than:	08/28/2021



New York State Department of Labor

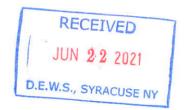
Sponsor Code	
Trade Code(s)	55-5691

#### **Selection Standards and Evaluations**

Name of Candidate	Cook				
Address	City	S	State	Zip	
Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement  2 Points for Each Year of Educational Past Grade or	Total	28			Total
Equivalent as Recognized by Local Educational Authorites  Points for Each Year of Related Techincal Education Past Grade		8			
or Equivalent as Recognized by Local Educational Authorites  1 Points for Each Trade Related Adult or Continuing Education Cours		16			
Completed Other		4			
	-				
Work Experience  5 Points for Each Year of Trade Related Work Experience	Total	30	111111		Total
5 Points for Each Year of Trade Related Work Experience 2 Points for Each Year of Active Military Experience		20			
2 Points for Each Year of General Work Experience		4			
Other		6			-
	-				
Seniority  1 Points for Each Year of Employment With The Sponsoring Firm	Total	2	111111		Total
Other		2			
Job Aptitude	Total	0	111111		Total
SATB (Specific Aptitude Test Battery) #	Total				Total
Points for High Medium Low Name of Alternative Aptitude Test					
Administered byOther					
Oral Interview: Not to Exceed 40% of Total Score	Total	40	1111111		Total
Ability to Communicate	1000	10			- Total
Willingness to Accept Obligation of Apprenticeship		10			
Ability to Reason and Comprehend		10			ii ii
Interest and Motivation		10		A 12	, n
Other					YS Department of Labo Apprentice Training
Total					
Allowable Point	$\rightarrow$	100	Total Score→		JUL 1 2 2021
		F	Rank		Central Office
Evaluated by	D	ate			
Sponsor Name The Tailor and the Cook					
Sponsor Address 94 Genesee St, Utica, NY 13502			P		
				RECEIV	/ED
AT 508 (5-16)				JUN 22	2021
					1
			D.E.	W.S., SYRA	CUSE NY



New York State Department of Labor



#### 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.

utilized will be those	ions and Selection Standards: It is agreed that the minimum qualifications are listed on form AT 505, Apprentice Training Recruitment Notification and Minimulandards and Evaluations, on file with the Department.	
Listing all ap days before Limiting recore the apprention Recruiting a method mus	reed that the sponsor will recruit applicants for apprenticeship by (Check One) prentice openings with the NYS Job Bank ( <a href="www.newyork.us.jobs/">www.newyork.us.jobs/</a> ) for a minim selections are made.  uitment to present employees of the sponsor and/or union members of the univership program. Resulting vacancies will be listed with the NYS Job Bank (	

JUL 1 2 2021