



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

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions

MAY 06 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.

Section I

A. Sponsor name: MBI Industries, Ltd.

B. Trade(s): Electrician

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: MBI Industries, Ltd

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: 27 Quail Run

City/Town: Hampton Bays, State: NY Zip Code: 11946

G. Email: [Redacted] H. Phone: 516-885-7941. Fax: [Redacted]

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? 10

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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 12/18/20

Print name and title: John Ferguson, President

Sworn to me this: 18 day of December 2020

Signature of Notary Public or Commissioner of Deeds _____

NYSOL Official Use Only

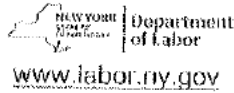
Field - Receipt Date Stamp

NYS Department of Labor
Apprentice Training

MAY 06 2021

BRITTNEY L ZATARGA
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SC6315527
Qualified in Suffolk County
Commission Expires January 3, 2028

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- Name of Sponsor: MRJ Industries, Ltd
- Mailing Address: 27 Quail Run Hampton Bays NY 11946 Suffolk
(number & street) (city) (state) (zip code) (county)
- Actual Address: same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 516-885-7914 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Electrician
- No. Employees: 10 No. Apprentices: 1 No. Journeyworkers: 6 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: \$ 40 per hour 14. Effective Date of Wages: 1/1/2020

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

1	2	3	4	5	6	7	8	9	10
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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 checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" 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"/>
6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months
\$14	\$17	\$20	\$23	\$26	\$29	\$32	\$35	\$38	\$40

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

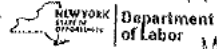
17. John Ferguson 3-12-21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
John Ferguson, President _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

NYS Department of Labor
 Apprentice Training

MAY 06 2021

Central Office



MAY 06 2021

Please send to your regional DOL office:

303 W Old Country Rd, Hicksville NY 11801

Apprenticeship Agreement

I. Apprenticeship Agreement **Central Office**

Sponsor No. _____ ATP Code 17-072

Name of Apprentice (Last, First, M.I.) Boyer, Adam D.		1. Name of Program Sponsor MRJ Industries, Ltd	
[Redacted]		Physical address of Program Sponsor (no. and street) 27 Quail Run	
		City Hampton Bays	County Suffolk
		State NY	Zip code 11946
[Redacted]		Mailing address of Program Sponsor (no. and street) same as above	
		City _____	County _____
[Redacted]		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician	
		3. Start Date _____	4. Length of program (Months) 60 months
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CTC of NYS, 1 Comac Loop #4, Ronkonkoma, NY 11779		5. DOL Apprentice Probation Period for Completion Rates (Months) 12 months	7. Minimum Journey-Worker Rate \$40
8. Credit for previous training or experience: 30 Months _____ Points _____ Sections _____		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): MRJ Industries, Ltd			

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

1	2	3	4	5	6	7	8	9	10
6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months	6 months
\$14	\$17	\$20	\$23	\$26	\$29	\$32	\$35	\$38	\$40

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

Adam Boyer
 Signature of Apprentice and Parent/Guardian if age 16-17

3/12/21
 Date

[Signature]
 Signature of Official Sponsor Representative

3/12/21
 Date

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.

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

STATE USE ONLY

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 17-072

Related Instruction Availability

Trade: Electrician

Sponsor Name: MRJ Industries, Ltd

Sponsor Representative: John Ferguson

Sponsor Address: _____

No. & Street: 27 Quail Run City: Hampton Bays

County: Suffolk State: NY Zip Code: 11946

Sponsor Telephone No.: 516-885-7914

Proposed Number of Apprentices: 1

AT Office

Name: NYS Dept. of Labor Apprenticeship Unit

No. & Street: 303 W. Old Country Road, 2nd Floor

City: Hicksville State: NY Zip Code: 11801

Apprentice Training Representative: [REDACTED] Date Prepared: 1/6/21

Related instruction is not available.

Related instruction is available at:

School

Name: Construction Training Center of NYS (CTC of NYS)

No. & Street: 1 Comac Loop, Unit 4

City: Ronkonkoma State: NY Zip Code: 11746

School Representative Contact Information:

Name: Jason Ashlaw

Telephone No.: 315-454-2320 Email: [REDACTED]

NYS Department of Labor
Apprentice Training

School

Name: _____

MAY 06 2021

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Central Office

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

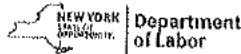
Name: [REDACTED]

No. & Street: Wilson Tech-Northport Campus, 152 Laurel Hill Road

City: Northport State: NY Zip Code: 11768

Signature of DLEA _____ Date Prepared: _____

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www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 17-072

MRJ Industries, Ltd (Sponsor) located at

27 Quail Run, Hampton Bays, NY 11946 (Address)

is presently accepting applications for an estimated TBA (No. of Openings) apprentice training positions in

the occupation of Electrician (Trade)

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

Minimum Education: High School Diploma or equivalent as such as a GED or TASC.

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

Applicant will sign an affidavit stating he/she is physically able to perform the work of an electrician, which may include: able to climb ladders & work from ladders, scaffolds, poles and towers of various heights up to 25 feet, able to crawl and work in confined spaces such as attics, manhole and crawlspaces.

(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: Able to read/hear/understand instructions and warnings. Must be able to work 8-hour day continually on his/her feet. Able to lift and carry weights of 75 lbs for extended period, up to a distance of 75 feet.

Other: Able to work through extended periods of extreme weather conditions and temperatures.

Other: Must have reliable means of transportation to and from office, worksite and related instruction. Applicant must have a valid NYS driver's license as he/she may be required to operate vehicles owned by sponsor.

NYS Department of Labor Apprentice Training

Application Forms may be obtained from: From: TBA To: TBA

Name: MRJ Industries, Ltd Days: Monday through Friday MAY 06 2021

Address: 27 Quail Run Times: TBA Hampton Bays, NY 11946 Central Office

Phone Number: (516) 885-7914 Email Address: [Redacted]

Special Instructions: _____

All Applications Must be (please check) [] Received [x] Postmarked no Later Than: TBA

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Department
of Labor

Sponsor Code _____
Trade Code(s) 17-072

Selection Standards and Evaluations

Name of Candidate	Trade Electrician		
Address	City	State	Zip

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply.					
Educational Achievement					
<input checked="" type="checkbox"/> 2 Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	Total	30			Total
<input checked="" type="checkbox"/> 2 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities		10			
<input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed		10			
<input type="checkbox"/> Other _____					
Work Experience					
<input checked="" type="checkbox"/> 1 Points for Each Year of Trade Related Work Experience	Total	15			Total
<input checked="" type="checkbox"/> 1 Points for Each Year of Active Military Experience		5			
<input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience		5			
<input type="checkbox"/> Other _____		5			
Seniority					
<input checked="" type="checkbox"/> 5 Points for Each Year of Employment With The Sponsoring Firm	Total	20			Total
<input type="checkbox"/> Other _____		20			
Job Aptitude					
<input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____	Total				Total
<input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____					
<input type="checkbox"/> Other _____					
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/> 0-5 Ability to Communicate	Total	20			Total
<input checked="" type="checkbox"/> 0-5 Willingness to Accept Obligation of Apprenticeship		5			
<input checked="" type="checkbox"/> 0-5 Ability to Reason and Comprehend		5			
<input checked="" type="checkbox"/> 0-5 Interest and Motivation		5			
<input type="checkbox"/> Other _____		5			
<input type="checkbox"/> Other _____					

**Total
Allowable Points**



85	Total Score →
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Rank _____

Evaluated by _____ Name _____ Date _____

Sponsor Name MRJ Industries, Ltd

Sponsor Address 27 Quail Run, Hampton Bays, NY 11946

NYS Department of Labor
Apprentice Training

MAY 06 2021

Central Office

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Department
of Labor

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 (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: _____

John Ferguson

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

2-19-21
Date

John Ferguson

President

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name MRJ Industries, Ltd

Sponsor Code _____

No. of Apprentices 1

Trade(s) Electrician

Trade Code(s) 17-072

NYS Department of Labor
Apprentice Training

AT 602 (11/20)

MAY 06 2021

Central Office