



NYS DOL Use Only: Sponsor No. _____
 New Program Reactivation Revision Recertification

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions DEC 09 2022

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)
B. Trade(s): 46-273 Chemical Laboratory Technician
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: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)
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: 1350 Broadway, Suite 1830
City/Town: New York State: NY Zip Code: 10018
G. Email: [REDACTED] H. Phone: (201) 919-5831 I. Fax: (212) 768-3041
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 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? 94
O. Within the past five (5) years, have you done business under a different name?..... 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 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 No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... Yes No
3. Any grant of immunity for conduct constituting a crime under state or federal law?..... Yes 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 10/11/2022

Print name and title: Joshua A. Nanes, AVP New York Region

Sworn to me this: 11 day of October 2022 _____
Signature of Notary Public or Commissioner of Deeds



ERIK FERNANDEZ
Notary Public, State of New York
No. 01FE6410174
Qualified in Queens County
Commission Expires Oct. 19, 2024

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Application for Apprenticeship Program

State Use Only	
AT Sponsor No.	
ATP Code	46-273
Effective Date of AT Program	

- Name of Sponsor: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)
- Mailing Address: 1350 Broadway Suite 1830 New York NY 10018 New York
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 201.919.5831 Ext. _____ Fax No.: 212.768.3041
- E-mail Address: [REDACTED]
- Trade/Occupation: Chemical Laboratory Technician
- No. Employees: 50,000 No. Apprentices: 6 No. Journeyworkers: 40 8. Ratio: 1:1, 1:1
- DOT Code: _____ 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 Months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 25 per hour 14. Effective Date of Wages: 10/01/2022

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"/>
H <input checked="" type="checkbox"/> 2000	H <input checked="" type="checkbox"/> 2000	H <input checked="" type="checkbox"/> 2000	H <input checked="" type="checkbox"/> 2000	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
\$21	\$22	\$23	\$24						

NYS Department of Labor
Apprenticeship Training Office

OCT 11 2022

NYC

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

- [Signature] 10/11/2022
Signature of Official Sponsor Representative Date
Joshua A. Nanes, AVP New York Region
Print Name and Title
- [Signature] 10/11/2022
Additional Signatory Date
Michael J. Schunk, Corporate Account Manager
Print Name and Title

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

DEC 09 2022

OCT 11 2022



Apprenticeship Training Program

NYC

Related Instruction Availability

Trade: Chemical Laboratory Technician

Sponsor Name: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)

Sponsor Representative: Michael Schunk, Corporate Account Manager

Sponsor Address:

No. & Street: 1350 Broadway, Suite 1830 City: New York

County: New York State: NY Zip Code: 10018

Sponsor Telephone No.: 201.919.5831

Proposed Number of Apprentices: 6

NYS Department of Labor
Apprentice Training

DEC 09 2022

AT Office

Name: New York State Department of Labor | DEWS

Central Office

No. & Street: 9 Bond Street, 4th fl., Room 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative: [REDACTED] Date Prepared: 10/11/22

Related instruction is not available.

Related instruction is available at:

School

Name: Nalco Water Training Center

No. & Street: 1350 Broadway, Suite 1830

City: New York State: NY Zip Code: 10018

School Representative Contact Information:

Name: Michael Schunk

Telephone No.: 201.919.5831

Email: [REDACTED]

School

Name: Nalco Water University

No. & Street: 1601 West Diehl Road

City: Naperville State: IL Zip Code: 60563

School Representative Contact Information:

Name: Eric Kangas (https://www.ecolab.com/pages/water-university)

Telephone No.: 630.305.1000

Email: [REDACTED]

DLEA

Name: Emerald Roberts, NYC Department of Education Citywide Office (D79 Alternative Schools and Programs)

No. & Street: 90-01 Sutphin Blvd., 2nd Floor Room # 229

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA _____ Date Prepared: _____

Apprenticeship Agreement

DEC 09 2022

OCT 11 2022

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code **46-273**

Name of Apprentice (Last, First, M.I.)		Social Security Number		1. Name of Program Sponsor Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)	
[Redacted]		[Redacted]		Physical address of Program Sponsor (no. and street) 1350 Broadway Suite 1830	
				City County State Zip code New York (New York) NY 10018	
				Mailing address of Program Sponsor (no. and street) 1350 Broadway Suite 1830	
				City County State Zip code New York (New York) NY 10018	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid		Chemical Laboratory Technician			
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) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Nalco Water Training Center, 1350 Broadway Suite 1830 New York, NY 10018		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$25/hour	
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
2000	2000	2000	2000						
\$21	\$22	\$23	\$24						

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

 Date: 10/11/22
 Signature of Official Sponsor Representative: *Michael J...*
 Date: 10/11/22

State Use Only		
	Date	Init.
To ATC	10-11-22	JH
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 Quit Layoff 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 _____

DEC 09 2022

Apprenticeship Agreement

OCT 11 2022

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code 46-273

Central Office

	1. Name of Program Sponsor Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)		
	Physical address of Program Sponsor (no. and street) 1350 Broadway Suite 1830		
	City New York	County (New York)	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1350 Broadway Suite 1830		
	City New York	County (New York)	State Zip code NY 10018
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Chemical Laboratory Technician			
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) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
	6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Nalco Water Training Center, 1350 Broadway Suite 1830 New York, NY 10018		7. Minimum Journey-Worker Rate \$25/hour
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
2000	2000	2000	2000						
\$21	\$22	\$23	\$24						

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



_____/Guardian if age 16-17 Date 10/11/22 Signature of Official Sponsor Representative Michael Ofek Date 10/11/22

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
To ATC 10-11-22 JD	
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.

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 _____	

DEC 09 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office

Sponsor No. _____ ATP Code 46-273

OCT 11 2022

Name of Apprentice (Last, First, M.I.)		Social Security Number		1. Name of Program Sponsor Nalco Company LLC (d/b/a Nalco Water, an Ecoblab Company)			
[REDACTED]		[REDACTED]		Physical address of Program Sponsor (no. and street) 1350 Broadway Suite 1830			
				City	County	State	Zip code
				New York	(New York)	NY	10018
				Mailing address of Program Sponsor (no. and street) 1350 Broadway Suite 1830			
				City	County	State	Zip code
				2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Chemical Laboratory Technician			
3. Start Date		4. Length of program (Months)		5. DOL Apprentice Probation Period for Completion Rates (Months)			
		48		12			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Nalco Water Training Center, 1350 Broadway Suite 1830 New York, NY 10018			RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$25/hour		
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
2000	2000	2000	2000						
\$21	\$22	\$23	\$24						

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

 if age 16-17 Date 10/11/22 Signature of Official Sponsor Representative Michael J. [Signature] Date 10/11/22
 Department of Labor:

State Use Only	
Date	Init.
To ATC 10-11-22	JH
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.

STATE USE ONLY

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

DEC 09 2022 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 46-273

OCT 11 2022

Name of Apprentice (Last, First, MI) [Redacted]		Social Security Number [Redacted]		1. Name of Program Sponsor Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)	
[Redacted]		Physical address of Program Sponsor (no. and street) 1350 Broadway Suite 1830			
		City	County	State	Zip code
		New York	(New York)	NY	10018
		Mailing address of Program Sponsor (no. and street) 1350 Broadway Suite 1830			
[Redacted]		City	County	State	Zip code
		New York	(New York)	NY	10018
[Redacted]		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Chemical Laboratory Technician			
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) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Nalco Water Training Center, 1350 Broadway Suite 1830 New York, NY 10018		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Minimum Journey-Worker Rate \$25/hour	
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
2000	2000	2000	2000						
\$21	\$22	\$23	\$24						

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

 Apprentice if age 16-17 Date 10/11/22

 Signature of Official Sponsor Representative Date 10/11/22

Registered by the New York State Department of Labor:

State Use Only		
	Date	Init.
To ATC	10-11-22	JFL
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	_____	_____

DEC 09 2022

Apprenticeship Agreement

OCT 14 2022

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 46-273

Name of Apprentice (Last, First, MI) [Redacted]		Social Security Number [Redacted]		1. Name of Program Sponsor Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)	
				Physical address of Program Sponsor (no. and street) 1350 Broadway Suite 1830	
				City County State Zip code New York (New York) NY 10018	
				Mailing address of Program Sponsor (no. and street) 1350 Broadway Suite 1830	
				City County State Zip code New York (New York) NY 10018	
				2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Chemical Laboratory Technician	
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) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Nalco Water Training Center, 1350 Broadway Suite 1830 New York, NY 10018		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$25/hour		
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
2000	2000	2000	2000						
\$21	\$22	\$23	\$24						

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

Signature of Apprentice: [Redacted] Date: 10 / 11 / 22
 Signature of Official Sponsor Representative: [Signature] Date: 10 / 11 / 22

Registered by the New York State Department of Labor:

State Use Only	
Date	Init.
To ATC 10-24-22 JH	
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 _____

DEC 09 2022

Apprenticeship Agreement

OCT 11 2022

I. Apprenticeship Agreement **Central Office** Sponsor No. _____ ATP Code 46-273

Name of Apprentice (Last, First, M.I.)		Social Security Number		1. Name of Program Sponsor			
				Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)			
				Physical address of Program Sponsor (no. and street)			
				1350 Broadway Suite 1830			
				City	County	State	Zip code
				New York	(New York)	NY	10018
Mailing address of Program Sponsor (no. and street)		1350 Broadway Suite 1830					
City		County		State			
New York		(New York)		NY			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid		Chemical Laboratory Technician					
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Start Date		4. Length of program (Months)			
If "Yes," Trade _____ State _____				48			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s)		RI Compensated		5. DOL Apprentice Probation Period for Completion Rates (Months)			
Nalco Water Training Center, 1350 Broadway Suite 1830 New York, NY 10018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12			
8. Credit for previous training or experience:		Months		Points			
<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
2000	2000	2000	2000						
\$21	\$22	\$23	\$24						

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

 Date 01/11/22 Signature of Official Sponsor Representative Michael J. [Signature] Date 10/11/22

Registered by the New York State Department of Labor: _____
 Signature New York State Department of Labor _____ Date _____

State Use Only

Date _____ Init. _____

To ATC 10-11-22 JH

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.

Signature of DLEA Representative _____ Date _____ Print Name _____

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Data Entry _____

OCT 11 2022

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Department
of Labor

www.labor.ny.gov

Sponsor Code: _____

Trade Code: 46-273

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)

Located at: (Address) 1350 Broadway, Suite 1830, New York, NY 10018

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Chemical Laboratory Technician

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

Minimum Qualifications

High School, TASC or GED (Associate's Degree or Trade School Certification Preferred)

Minimum Age: 18 Minimum Education: _____

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

- Must be able to access and be comfortable with working in a variety of conditions to include confined spaces damp and/or dusty locations, freezing conditions and hot conditions
- Must be able to physically perform the essential duties of the position which include lifting 50 lbs., stooping, kneeling, crouching, reaching, use hands to finger, balancing, walking, standing, talk and hear
- Must be able to pass a drug screen and physical exams

(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: Must pass a substance abuse screening, at the expense of the sponsor, within 48 hours of selection and prior to enrollment in apprenticeship, at a collection site designated by Nalco Water's Corporate Health Resources. Applicants that do not pass the substance abuse screening will be notified and disqualified from further consideration.

Other: Must possess a valid Driver's License and acceptable Motor Vehicle Record in order to operate Company Vehicles.

Other:

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Application forms may be obtained: From: _____ To: _____

Name: Michael Schunk

Address: 1350 Broadway, Suite 1830, New York, NY 10018

Days: Monday - Friday Times: 9:00 AM - 3:00 PM

Phone: (201) 919-5831 Email: [REDACTED]

Special Instructions:

All Applications Must be (please check) Received Postmarked No Later Than: _____

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Selection Standards and Evaluations

Name of Candidate: _____ Trade: Chemical Laboratory Technician

Address: _____ City: _____ State: _____ Zip: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<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	24		
<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	8		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	8		
<input type="checkbox"/>	Other: _____			
Work Experience				
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	30		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Active Military Experience	10		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	15		
<input type="checkbox"/>	Other: _____	5		
Seniority				
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/>	Other: _____	10		
Job Aptitude				
<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				
<input checked="" type="checkbox"/>	<u>1-10</u> Ability to Communicate	36		
<input checked="" type="checkbox"/>	<u>1-8</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>1-8</u> Ability to Reason and Comprehend	8		
<input checked="" type="checkbox"/>	<u>1-10</u> Interest and Motivation	8		
<input type="checkbox"/>	Other: _____	10		
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

100	Total Score →
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Nalco Company LLC (d/b/a Nalco Water, an Ecolab Company)

Sponsor Address: 1350 Broadway, Suite 1830, New York, NY 10018

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Sponsor Code _____

Trade Code(s) 46-273

New York State Department of Labor

Apprentice Training Program Affirmative Action Plan

New Program Amended Renewal

To be Administered by (Sponsor's Name): Nalco Company LLC d/b/a Nalco Water, an Ecolab Company

Address: 1350 Broadway, Suite 1830, New York State: NY Zip: 10018

Plan is effective: From: 10/1/22 To: 9/30/26

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  Date: 10/11/22

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

Print Name: Joshua A. Nanes

Title: Assistant Vice President, New York Region

Do not write below this line.

Approved by: _____ Date: _____
NYS Department of Labor

Title: _____

NYS Department of Labor
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Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 4,354,475 in the following county(counties):

<u>Bronx</u>	<u>Queens</u>	<u> </u>
<u>New York</u>	<u>Richmond</u>	<u> </u>
<u>Kings</u>	<u> </u>	<u> </u>

The labor force includes:*

Minorities

African American	<u>918,275</u>	<u>21.09</u>	%
Hispanic	<u>1,181,690</u>	<u>27.14</u>	%
Other Minorities**	<u>741,135</u>	<u>17.02</u>	%
Total Minorities	<u>2,841,100</u>	<u>65.25</u>	%

Women	<u>2,130,370</u>	<u>48.92</u>	%
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B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: 65.25 %

Goal for Women: 6.9 %

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* Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

** Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Chemical Laboratory Technician

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A. Current Staffing in the Above Trade

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	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	Totals
New Positions							
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).