

WE ARE YOUR DOL



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

FEB 16 2024

New York State
Registered Apprenticeship Training Program

Central Office

Sponsor Information Sheet and Instructions

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

Section I

- A. Sponsor name: N.E.T. & Die, Inc.
B. Trade(s): Machinist (CNC) and Manufacturing Engineering Technician
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: N.E.T. & Die, 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: 24 Foster Street
City/Town: Fulton State: NY Zip Code: 13069
G. Email: [redacted] H. Phone: 315-715-1823 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? 58
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? [x] 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 [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.

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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:

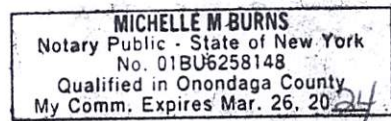
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Michelle Shatrau
Signature of CEO, Chair, or representative granted legal authority to bind the Entity 12/29/2023
Date

Print name and title: Michelle Shatrau President & CEO

Sworn to me this: 29th day of December 2023 Michelle M Burns
Signature of Notary Public or Commissioner of Deeds



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RECEIVED
DEC 29 2023
D.E.W.S., SYRACUSE NY

Apprentice Training Program Registration Agreement

Revision

NYS Department of Labor
Apprentice Training

Nature of Change: New Program Application

FEB 16 2024

Central Office

State Use Only
AT Sponsor No.
ATP Code <u>32-130A</u>
Effective Date of AT Program

- Name of Sponsor: N.E.T. & Die, Inc.
- Mailing Address: PO Box 240 Fulton NY 13069 Oswego
(number & street) (city) (state) (zip code) (county)
- Actual Address: 24 Foster Street Fulton NY 13069 Oswego
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315.592.4311 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist (CNC)
- No. Employees: 19 No. Apprentices: 0 No. Journeyworkers: 5 8. Ratio: 1:1,1:1
- DOT Code: 600.280-022 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 22.00 per hour 14. Effective Date of Wages: 12/28/2023

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 checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	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"/>
0-12	13-24	25-36	37-48						
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"/>
15.00	16.50	18.00	19.50						

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

17. Michelle Shatrau 12/28/2023 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Michelle Shatrau, President & CEO
Print Name and Title XXX
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

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Department
of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 32-130A

Related Instruction Availability

Trade: Machinist (CNC)

Sponsor Name: NET & Die, Inc.

Sponsor Representative: Michelle Shatrau

Sponsor Address:

No. & Street: 24 Foster Street City: Fulton

County: Oswego State: NY Zip Code: 13069

Sponsor Telephone No.: 315-715-1823

Proposed Number of Apprentices: 4

AT Office

Name: Central Region

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

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: E. Finster Date Prepared: 1/29/24

Related instruction is **not** available.

Related instruction is available at:

School

Name: SUNY Polytechnic Institute

No. & Street: 100 Seymour Road

City: Utica State: NY Zip Code: 13502

School Representative Contact Information:

Name: Jeffery Albright

Telephone No.: 315-792-7216 Email: 

School

Name: Onondaga Community College

No. & Street: 4585 West Seneca Turnpike

City: Syracuse State: NY Zip Code: 13215

School Representative Contact Information:

Name: Rebecca Fracchia

Telephone No.: 315-498-6024 Email: 

DLEA

Name: Paul Gugel

No. & Street: 179 County Route 64

City: Mexico  State: NY Zip Code: 13114

Signature of DLEA  Date Prepared: 02/05/24

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: N.E.T. & Die, Inc.

Located at: (Address) 24 Foster Street Fulton, NY 13069

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 4

In the occupation of: (List Trade) Machinist (CNC)

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

High School Diploma or Equivalent (TASC or GED)

Minimum Qualifications

Minimum Age: 17 Minimum Education: _____

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

Be physically able to lift 30 pounds and stand for typical 8 hour shift per written attestation

(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:

Other:

Other:

Application forms may be obtained: From: 12/15/2023 To: 12/15/2026

Name: NET & Die

Address: 24 Foster Street

Days: Monday through Friday Times: 8:00am - 3:00pm

Phone: 315.592.4311 Email: [REDACTED]

Special Instructions:

Submit resume to [REDACTED] with intention to apply for CNC Machining Apprenticeship

All Applications Must be (please check) Received Postmarked No Later Than: 12/15/2026

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Selection Standards and Evaluations

Name of Candidate: _____ Trade: Machinist (CNC)

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total		Total
<input type="checkbox"/>	____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	20		
<input checked="" type="checkbox"/>	<u>5</u> 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"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10		
<input type="checkbox"/>	Other: _____			
Work Experience		Total		Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Trade Related Work Experience	10		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	5		
<input type="checkbox"/>	____ Points for Each Year of General Work Experience	5		
<input type="checkbox"/>	Other: _____			
Seniority		Total		Total
<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		Total		Total
<input type="checkbox"/>	____ Name of Aptitude Test: _____ Administered by _____	20		
<input checked="" type="checkbox"/>	<u>10</u> Other: <u>NET Mechanical Aptitude Questions</u>	20		
Oral Interview: Not to Exceed 40% of Total Score		Total		Total
<input checked="" type="checkbox"/>	<u>10</u> Ability to Communicate	40		
<input checked="" type="checkbox"/>	<u>10</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>10</u> Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	<u>10</u> Interest and Motivation	10		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

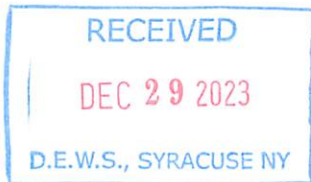
100	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: N.E.T. & Die, Inc.

Sponsor Address: 24 Foster Street Fulton, NY 13069



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NYS Department of Labor Apprenticeship Training

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Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
• Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
• Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprenticeship 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 (https://newyork.usnlx.com) for a minimum of five full working days before selections are made.
[X] 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.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:

Handwritten signature of Michelle Shatrau

12/28/2023

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

Date

Michelle Shatrau

President & CEO

Print Name and Title

Approved by:

New York State Department of Labor

Date

Sponsor Name N.E.T. & Die, Inc.

Sponsor Code

No. of Apprentices 0, 0

Trade(s) Machinist (CNC) & Manufacturing Engineering Tech Trade Code(s) 32-130A & 47-570