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NYS Department of Labor	Department of Labor	
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NYSDOL Use Or	nly: Sponsor N	0	
✓ New Program	☐ Reactivation	☐ Revision	☐ Recertification

FEB 1 6 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.

Sect	tion I	
A.	Sponsor name: N.E.T. & Die, Inc.	
	Trade(s): Machinist (CNC) and Manufacturing Engineering Technician	<u> </u>
	Type of Apprenticeship Training Program (check one): 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.	
	Name of entity completing this form: N.E.T. & Die, Inc.	
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: 24 Foster Street	
	City/Town: Fulton State: NY Zip Code: 13069	
G.	045 745 4000	
J.	Federal Employer Identification Number (FEIN):	
K.	NYS Unemployment Insurance Employer Registration (ER) Number:	
L.	Is this entity required to report any employee wages under this FEIN to the NYS Department 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? 58	
О.	Within the past five (5) years, have you done business under a different name? Yes If 'Yes', provide attachments as noted in the instructions.	□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 If 'Yes', provide attachments as noted in the instructions.	□No
Secti Comp	•	
Within preder officer	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 , any partner, or any proprietor been the subject of:	
1.	_ · · · · · · · · · · · · · · · · · · ·	☑ No
2. 3.	Any indictment or pending indictment for conduct constituting a crime under state or federal law? Yes Any grant of immunity for conduct constituting a crime under state or federal law?	☑ No ☑ No
	• • • • • • • • • • • • • • • • • • • •	

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^{**} For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

FEB 1 6 2024

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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 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 Relation		
	Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?		✓ No
7.	a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?		✓ No
٠.	b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat		☑ No
8.	 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?		✓ No
	5. If 'Yes', was the violation determined to be willful?	. 🗌 Yes	☐ No
9.	Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commissions (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 no	tarizeď.	
Secti	on III		
	cation – I, the undersigned, recognize that I submit this questionnaire to permit the New York State	_	
	tment of Labor to review the background of the applicant, sponsor, union, or signatory employers a		ation(s)
serving	g as a member of the JAC/JATC or other governing body at the time of new program application, do		
probat	ion, at recertification, or as otherwise deemed appropriate by the Department.		
I certi	ify:		
	That the Department may use its sole discretion to choose the means to determine the truth a of all statements made herein.	and accura	су
	That intentional submission of false or misleading information may constitute a Class A misde	emeanor	
	under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05 imprisonment of up to one year (PL § 70.15(1)).		r
•	That the information submitted in this questionnaire and any attachments is true, accurate, ar	nd complet	e.
T			
	ndersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, si pating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect t		
	ation request or program. Signing this document constitutes permission to release this information		
	atton) concerning the entity completing this form to the program sponsor.	,	
γ	Modelle Statran	-9/2·	5 CC
Signat	are of CEO, Chair, or representative granted legal authority to bind the Entity	ite	<u> </u>
Print n	ame and title: Michelle Shatrau President & CEO		
Sworn	to me this: Off day of December 1000 Signature of Notary Public or Commissione	er of Deeds	 3
	NYSDOL Official Use Only		
1	RECEIVED MICHELLE M. BURNS	1	
l: '	Notary Public - State of New York	}	
D	FC 2 9 2023 Ro. 018U6258148 Qualified in Onondaga County AMOUNT County Co	1	
1	My Comm, Expires arat. 20, 2023	님	
B.E.W.	5., Syracuse NY		
	Fleid - Receipt Date Stamp		

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EWS SYRACUSE NYApprentice Training Program Registration Agreement

P	.E.VV.	Revisi	on \square	nd.									
			· · ·	New F	Program	Applic	ation					State Use (Jnly
IYS De	partme	Nature o	of Change	e:	Togran	ТАРРІІС	ation				AT Sponsor N		
App	renuce	Training 2024		N 							ATP Code 47	'-570	
	Central										Effective Date of AT Program		
	1.	Name of	Sponsor	. N.E.T.	& Die,	Inc.							
	2.	Mailing A	Address:	24 Fost	er Stree	t	Fulton		NY		13069	Osw	ego
				(number	& street)		(city)		NIX	(state)	(zip cod		county)
	3.	Actual A	ddress: _	24 Foste	& street)		Fulton (city)		NY	(state)	13069 (zip cod		rego county)
	4.	Telephor	ne No.: 3	315-715-				Ext.	Fax	,	(2.5 300	37	• •
	5.	E-mail A											
	6.		U 000000000000000000000000000000000000	Manuf	acturing	Engin	eering Te	echnicia	an				
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	9.										gram: 48		a the a
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14											e of Wages:12		
	13.	Minimur	n loume	yworker	kate: \$ -		(3E.F		14. Effec	ctive Date	e of Wages:		
ř	15.	Apprent	ice wage	progress	ion for ca	ch period	i in mont	hs (M) or	hours (H)				
		1	2	3	4	5	6	7	8	9	10		
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		17.00		20.00	21.50								
		17.00	10.50	20.00	21.50		<u></u>						
	16.	The spo	onsor agr	ees to co	mply with	the prov	isions on t	nis side a	and on the	reverse c	of this agreemer	nt	
	17.	//	Uch	elle	110	Mai		/2023 1			ar une agreemer		
				al Sponso		entative	Date		Signa	ture of U	nion Represent	ative	Date
		Michelle		President	OR TO DO STORE STORE						me, Title, and U		
			FIII	ii ivaille c	and title					r iiiit ival	ne, me, and U	mon Name	B
	19.	-									_		
			Signa	ture New	York Sta	te Depar	tment of La	abor			-	Date	

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Sponsor Code_____ Trade Code_47-570

Related Instruction Availability

Trade: Manufacturing Engineering Technician		
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: 2		_
AT Office		
Name: Central Region		
No. & Street: 450 S. Salina Street, Room 203		
City: Syracuse	State: <u>NY</u>	Zip Code: 13202
Apprentice Training Representative: E. Finster		Date Prepared: 1/29/24
Related instruction is not available.	Related instruction	n is available at:
School		
Name: SUNY Polytechnic Institute		
No. & Street: 100 Seymour Road	NV	13502
	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		10015
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: 02/05/14

NYS Department of Labor Apprentice Training

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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: 2
Adam fortuing Fusionaling Tableining
In the occupation of: (List Trade) Manufacturing Engineering Technician
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 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 permitte 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: 12/15/2025
Name: NET & Die
Address: 24 Foster Street
8:00am - 3:00pm
Days: Monday through Friday Times: 8:00am - 3:00pm
Phone: 315.592.4311
Special Instructions:
Submit resume to submit
All Applications Must be (please check) 📝 Received 🔲 Postmarked No Later Than:12/15/2026

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Sponsor Code	
Trade Code(s)	47-570

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Selection Standards and Evaluations

ame of Ca	ndidate: T	ade: Manufacturing Engineering Technician				
ddress:	City:		St	ate: Z	.ip:	
	hecked apply. nal Achievement		Maximum Points Allowable	Number of Years Credited	Score	en en est en
	Points for Each Year of Education Past Grade or	Total	40			Total
	Equivalent as Recognized by Local Educational Authorities	- "			Mahad	H ST STAR
Ш —	Points for Each Year of Related Technical Education Past Grade or Equivalent as Recognized by Local Educational Authorities				1722 7 4	and a ril ki
✓ 1	Points for Each Trade Related Adult or Continuing Education Course Completed		10		118	N SERVICE OF
✓ 1	Other: point per college credit earned with B grade or better		30			
Nork Exp	perience	Total	10			Total
√ 2	Points for Each Year of Trade Related Work Experience		5			13000
✓ 1	Points for Each Year of Active Military Experience		5			
I telfo, n	Points for Each Year of General Work Experience				181 8.15	
	Other :			R P - T HB	100000-111	
Seniority	and response to the first of the second seco	Total	10			Total
√ 2	Points for Each Year of Employment with The Sponsoring Firm		10		2	de place acons descriptions
	Other:				2111012	
Job Aptit	ude	Total	20			Total
	Name of Aptitude Test:		144 194 19			
	Administered by		20	1000		
✓ 10	Other: NET Mechanical Aptitude Questions	172		History and the		10 981
Oral Inter	view: Not to Exceed 40% of Total Score	Total	40			Total
√ 10	Ability to Communicate		10			No. minute
√ 10	Willingness to Accept Obligation of Apprenticeship		10		2 th Artengt	1 4 18 1815 1
√ 10	Ability to Reason and Comprehend		10			
√ 10	Interest and Motivation		10			
	Other:	1 1 10				
	Other:		41			
	Total Allowable Points	\rightarrow	120	Total Score →	- Territ	
			Rank			
refracted by r			Section Commence			
	(Name)		Date:	- 1	4	
onsor Name	N.E.T. & Die, Inc.					
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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.

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 (https://newyork.usnlx.com) for a minimum of five full working days before selections are made. $\overline{\mathbf{z}}$ 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. bur intent to/fulfill/these Equal Opportunity Standards. On behalf of the sponsor, I certify that is 12/28/2023 Signature of Sponsor: The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Michelle Shatrau Procident & CEC

WHO I CHO OTTALI AU		EO
	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
Frade(s) Machinist (CNC) & Manufactu	ring Engineering Tech Trade Code(s), 32-	130A & 47-570