



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 OCT 31 2024

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: NYC Housing Authority and Teamsters Local 237
B. Trade(s): Elevator Servicer & Repair
C. Type of Apprenticeship Training Program (check one):
1. [ ] Individual Non-Joint 2. [x] 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: NYC Housing Authority and Teamsters Local 237
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: 2402 49th Avenue
City/Town: Long Island City State: NY Zip Code: 11101
G. Email: [redacted] H. Phone: (718) 707-5612 I. 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? [ ] Yes [x] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[ ] Corporation [ ] Partnership [ ] Sole-Proprietor [ ] LLC [ ] LLP [x] Other
N. How many years has your organization been in business? 93
O. Within the past five (5) years, have you done business under a different name? [ ] Yes [x] 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 [x] 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.

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 9/11/2024

Print name and title: Ronald Hall NYCHA DOB Agency Director

Sworn to me this: 11<sup>th</sup> day of September 2024 \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

**ANGELICA SEVILLA**  
 Commissioner of Deeds, City of New York  
 No. 2-14183  
 Cert. Filed in Kings County  
 Commission Expires on 11-01-2025



NYSDOL 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 06/31/2024

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\*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
D. Name of entity completing this form: Teamsters Local 237
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: 216 West 14th Street
City/Town: New York City State: NY Zip Code: 10011
G. Email: H. Phone: (212) 924-2000 I. Fax: (212) 242-8722
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? 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? 73
O. Within the past five (5) years, have you done business under a different name? Yes No
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\*\* For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

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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

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I certify:

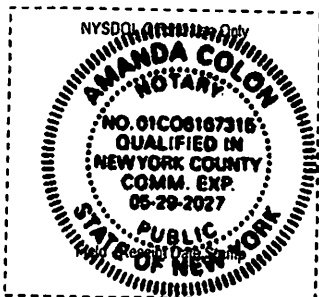
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
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Donald Arnold Signature of CEO, Chair, or representative granted legal authority to bind the Entity 5-2-2024 Date

Print name and title: DONALD ARNOLD Secretary Treasurer

Sworn to me this: 2 day of May 2024 [Signature] Signature of Notary Public or Commissioner of Deeds



**WE ARE YOUR DOL**



**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code <u>56-360</u>
Effective Date of AT Program

- Name of Sponsor: New York City Housing Authority and Local 237
- Mailing Address: 2402 49th Avenue Long Island City NY 11101  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 2nd Fl.  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 718-707-5612 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Elevator Servicer & Repair
- No. Employees: 440 No. Apprentices: 27 No. Journeyworkers: 205 8. Ratio: 1:1, 1:2
- DOT Code: \_\_\_\_\_ 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 36 per Hour 14. Effective Date of Wages: January 2

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"/>
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"/>
0-12	13-24	25-36	37-48	6	6	6	6	6	6
\$22.50	\$27.00	\$31.50	\$36.00						

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

17. Ronald Hall 10/13/24  
Signature of Official Sponsor Representative Date  
Ronald Hall Agency Director  
Print Name and Title

18. Donald Arnold 10/13/24  
Signature of Union Representative Date  
Donald Arnold. Secretary Treasurer.  
Print Name, Title, and Union Name

19. \_\_\_\_\_ Date  
Signature New York State Department of Labor

NYS Department of Labor  
Apprentice Training

OCT 31 2024

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code \_\_\_\_\_

Trade Code 56-368

Related Instruction Availability

Trade: Elevator Servicer & Repair

Sponsor Name: New York City Housing Authority and Local 237

Sponsor Representative: Ronald Hall, Agency Director

Sponsor Address:

No. & Street: 2402 49th Avenue City: Long Island City

County: Queens State: New York Zip Code: 11101

Sponsor Telephone No.: 718-707-5612

Proposed Number of Apprentices: 27

AT Office

Name: NYS DOL

No. & Street: 1220 Washington Avenue

City: Albany State: NY Zip Code: 12226

Apprentice Training Representative: Daniel Paris Date Prepared: 10/1/24

Related instruction is not available.

Related instruction is available at:

School

Name: New York City Housing Authority Elevator Services and Repair Dept.

No. & Street: 2402 49th Avenue-2nd fl

City: Long Island City State: NY Zip Code: 10011

School Representative Contact Information:

Name: Ronald Hall

Telephone No.: 718 707 5612 Email: [REDACTED]

School

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

OCT 31 2024

Central Office

DLEA

Name: Emerald Robert S.

No. & Street: 50-01 Sutphin Blvd 2nd Fl

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA [REDACTED] Date Prepared: 10/1/24





### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: NYC Housing Authority and Teamsters Local 237

Located at: (Address) 2402 49th Avenue, Long Island City NY

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

In the occupation of: (List Trade) Elevator Servicer & Repair

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

**Minimum Qualifications** Must have a High School diploma or High School equivalency diploma (such as TASC or GED) issued by local school authorities.  
Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

Must sign an affidavit stating that they are physically able to perform the work of a 'trade', which may include, ability to lift and carry 25 lbs.

(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 possess a valid NYS Driver's License in order to operate company vehicles.

Other: \_\_\_\_\_

Other: Must be able to write, read, hear and understand verbal and written instructions/ warnings given in English.

NYS Department of Labor  
Apprentice Training

OCT 31 2024

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_  
Central Office

Name: NYC Housing Authority and Teamsters Local 237

Address: 2402 49th Avenue 2nd fl.

Days: Tuesdays and Thursdays Times: 10:00 am to 2:00 pm

Phone: (718) 707-5612 Email: \_\_\_\_\_

Special Instructions:

Subject line will read as: New Apprenticeship Application

All Applications Must be (please check)  Received  Postmarked **No Later Than:** 08/01/2029

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Elevator Servicer & Repair

Address: 123 Main Street City: Anywhere State: NY Zip: 12345

Only those checked apply.																																											
<p><b>Educational Achievement</b></p> <p><input checked="" type="checkbox"/> <u>10</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed</p> <p><input type="checkbox"/> <u>   </u> Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Maximum Points Allowable</th> <th style="width:15%;">Number of Years Credited</th> <th style="width:15%;">Score</th> <th style="width:15%;"></th> <th style="width:15%;"></th> <th style="width:15%;"></th> </tr> <tr> <td><b>Total</b></td> <td>30</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Maximum Points Allowable	Number of Years Credited	Score				<b>Total</b>	30			<b>Total</b>			10						10						10																
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<p><b>Oral Interview: Not to Exceed 40% of Total Score</b></p> <p><input checked="" type="checkbox"/> <u>0-10</u> Ability to Communicate</p> <p><input checked="" type="checkbox"/> <u>0-10</u> Willingness to Accept Obligation of Apprenticeship</p> <p><input checked="" type="checkbox"/> <u>0-10</u> Ability to Reason and Comprehend</p> <p><input checked="" type="checkbox"/> <u>0-10</u> Interest and Motivation</p> <p><input type="checkbox"/> <u>   </u> Other: _____</p> <p><input type="checkbox"/> <u>   </u> Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Maximum Points Allowable</th> <th style="width:15%;">Number of Years Credited</th> <th style="width:15%;">Score</th> <th style="width:15%;"></th> <th style="width:15%;"></th> <th style="width:15%;"></th> </tr> <tr> <td><b>Total</b></td> <td>40</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Maximum Points Allowable	Number of Years Credited	Score				<b>Total</b>	40			<b>Total</b>			10						10						10						10										
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100	<b>Total Score →</b>	
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Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name) Date: NYS Department of Labor  
Apprentice Training

Sponsor Name: New York City Housing Authority and Local 237 OCT 31 2024

Sponsor Address: 2402 49th Avenue, 4th Floor LIC NY Central Office





New York State Department of Labor

**Apprentice Training Program Affirmative Action Plan**

New Program     Amended     Renewal

To be Administered by (Sponsor's Name): NYC Housing Authority and Teamsters Local 237

Address: 2402 49th Avenue, Long Island City State: NY Zip: 11101

Plan is effective: From: 9/23/24 To: 9/22/29

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

Signature of Sponsor: *Ronald Hall* Date: 9/18/24

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: Ronald Hall

Title: NYCHA DOB Agency Director

**Do not write below this line.**



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

Title: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

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**Part II – Labor Force Analysis/Utilization Study**

A. The total labor force is \_\_\_\_\_ in the following county(counties):

<u>New York</u>	<u>Kings</u>	<u>Queens</u>
<u>Richmond</u>	<u>Bronx</u>	<u>                    </u>
<u>                    </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>	%
<b>Total Minorities</b>	<u>4,354,475</u>	<u>65.25</u>	%
<b>Women</b>	<u>2,130,370</u>	<u>48.92%</u>	%

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:	<u>65.25</u>	%
Goal for Women:	<u>6.9</u>	%

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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 Elevator Apprentice

**A. Current Staffing in the Above Trade**

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

**B. Projected Number of Apprentices Indentures\***

Year	20	24	25	26	27	28	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	25	26	27	28	29	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet its 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).