



New York State

Registered Apprenticeship Training Program

AUG 05 2021

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: Petcosky & Sons Plumbing and Heating
B. Trade(s): Plumbing & Pipefitter
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)*
D. Name of entity completing this form: Petcosky & Sons Plumbing & Heating
E. Entity completing this form (check one):
[X] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 421 Commerce Rd. City/Town: Westport State: NY Zip Code: 13850
G. Email: [Redacted] H. Phone: 607-296-7467 I. Fax: 607-770-4182
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):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 30+
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [X] Yes [] No

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

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

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) other than those covered above?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- * That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- * That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- * That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 6/1/21

Print name and title: Michael Petrosy President

Sworn to me this: 1 day of JUNE 2021 Signature of Notary Public or Commissioner of Deeds _____

NYS DOL Official Use Only

Field - Receipt Date Stamp

NYS Department of Labor
Apprentice Training

AUG 05 2021

Central Office

Patricia Jacobs
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01JA6393015
Qualified in Broome County
Commission Expires 06-10-2023



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

| State Use Only | |
|------------------------------|---------------|
| AT Sponsor No. | |
| ATP Code | 13-363 |
| Effective Date of AT Program | |

- 1. Name of Sponsor: Petcosky & Sons Plumbing and Heating
- 2. Mailing Address: 421 Commerce Rd Vestal NY 13850 Broome
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: _____
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 607-797-0160 Ext. _____ Fax No.: 607-770-4482
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Plumber & Pipefitter
- 7. No. Employees: 6 No. Apprentices: _____ No. Journeyworkers: _____ 8. Ratio: 1:1; 1:3
- 9. DOT Code: 862.381-030 10. Length of Program: 54 months
- 11. Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ _____ per _____ 14. Effective Date of Wages: _____

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"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> | H <input checked="" type="checkbox"/> |
| 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 |

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

17. [Signature] 7/21/21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Michael Petrosky President _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

AUG 05 2021

Central Office

WE ARE YOUR DOL



Department of Labor
Apprenticeship Training Program

Sponsor Code _____

Trade Code 13363

Related Instruction Availability

Trade: Plumber and Pipefitter

Sponsor Name: Petcosky & Sons Plumbing & Heating

Sponsor Representative: Mike Petcosky

Sponsor Address:

No. & Street: 421 Commerce Rd City: Vestal

County: Broome State: NY Zip Code: 13850

Sponsor Telephone No.: 607-797-0160

Proposed Number of Apprentices: _____

AT Office

Name: NYS Dept of Labor Apprenticeship Training

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

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: _____

Related instruction is **not** available.

Related instruction is available at:

School

Name: Petcosky Fire Protection

No. & Street: 421 Commerce Rd

City: Vestal State: NY Zip Code: 13850

School Representative Contact Information:

Name: Justin Petcosky

Telephone No.: 607-797-0160 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: [REDACTED]

No. & Street: 435 Glenwood Road

City: Binghamton State: NY Zip Code: 13905

Signature of DLEA [Signature] Date Prepared: 7/23/21

AUG 05 2021

Central Office



Department
of Labor

New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 13-363

Petcosky & Sons Plumbing and Heating, located at _____

(Sponsor)

421 Commerce Rd, Vestal NY 13850

(Address)

is presently accepting applications for an estimated _____ apprentice training positions in

(No. of Openings)

the occupation of Plumber & Pipefitter

(Trade)

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

Minimum Qualifications

Minimum Age: 18

Minimum Education: High School Diploma/GED TASC

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

Verbal self 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:

Must pass a employer paid drug test after the offer of employment is made.

Other:

Must have a valid driver's license to operate company vehicles.

Other:

Must be able to work with your arms raised for extended periods of time, lift, crawl, climb ladders and be able to work in all types of weather conditions.

Application Forms May be Obtained From:

Dates: From: _____ To: _____

Name: Petcosky Fire Protection Systems

Days: Monday to Friday

Address:

Times: 8:00 am to 4:30 pm

421 Commerce Rd
Vestal, NY 13850

Phone Number: (607) 797 - 0160

Email Address: _____

Special Instructions:

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



Selection Standards and Evaluations

| | | | |
|-------------------------|-------------|-------------|-----------|
| Name of Candidate _____ | Trade _____ | | |
| Address _____ | City _____ | State _____ | Zip _____ |

| | | Maximum Points Allowable | Number of Years Credited | Score | |
|--|--------------|--------------------------|--------------------------|-------|--------------|
| Only those checked apply. | | | | | |
| Educational Achievement | Total | 25 | | | Total |
| <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities | | 8 | | | |
| <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 | | 7 | | | |
| <input type="checkbox"/> _____ Other _____ | | | | | |
| Work Experience | Total | 25 | | | Total |
| <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Trade Related Work Experience | | 10 | | | |
| <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Active Military Experience | | 8 | | | |
| <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of General Work Experience | | 7 | | | |
| <input type="checkbox"/> _____ Other _____ | | | | | |
| Seniority | Total | 20 | | | Total |
| <input checked="" type="checkbox"/> <u>4</u> Points for Each Year of Employment With The Sponsoring Firm | | 20 | | | |
| <input type="checkbox"/> _____ Other _____ | | | | | |
| Job Aptitude | Total | | | | Total |
| <input type="checkbox"/> _____ SATB (Specific Aptitude Test Battery) if _____ Points for High _____ Medium _____ Low _____ | | | | | |
| <input type="checkbox"/> _____ Name of Alternative Aptitude Test _____ Administered by _____ | | | | | |
| <input type="checkbox"/> _____ Other _____ | | | | | |
| Oral Interview: Not to Exceed 40% of Total Score | Total | 30 | | | Total |
| <input checked="" type="checkbox"/> <u>1</u> Ability to Communicate | | 5 | | | |
| <input checked="" type="checkbox"/> <u>2</u> Willingness to Accept Obligation of Apprenticeship | | 10 | | | |
| <input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend | | 5 | | | |
| <input checked="" type="checkbox"/> <u>2</u> Interest and Motivation | | 10 | | | |
| <input type="checkbox"/> _____ Other _____ | | | | | |
| <input type="checkbox"/> _____ Other _____ | | | | | |

Total Allowable Points → **100** Total Score → _____

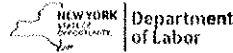
Rank _____

Evaluated by _____ Date _____
 (Name)

Sponsor Name Petcosky Fire Protection

Sponsor Address 421 Commerce Rd, Vestal NY 13850

WE ARE YOUR DOL



www.labor.ny.gov

Non-Discrimination Plan (Short Form)

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

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

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

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

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

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

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

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- [] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
[] Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (www.newyork.us.jobs/).
[] Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

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

Signature of Sponsor: [Signature] Date: 8/5/21

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

[Signature] Michael Petcosky President

Approved by: _____ New York State Department of Labor Date

Sponsor Name Petcosky & Sons Plumbing & Heatin Sponsor Code _____ No. of Apprentices _____

Trade(s) Plumber & Pipefitter Trade Code(s) 13363