



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

New York State
Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

MAY 29 2024

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: Price Chopper / Market 32

B. Trade(s): Truck Driver - Heavy

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: Price Chopper Supermarkets

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: 461 Nott Street

City/Town: Schenectady State: NY Zip Code: 12308

G. Email: [Redacted] H. Phone: 518 379 1417 I. Fax: 518 379 3982

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? 92

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? [] Yes [X] 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 5-14-24

Print name and title: David Sawicz Director of Transportation

Sworn to me this: 14th day of May, 2024 Signature of Notary Public or Commissioner of Deeds Robin P. Schlicht

NYS DOL Official Use Only

Field - Receipt Date Stamp

ROBIN P. SCHLICHT
Notary Public, State of New York
No. 01SC6214372
Qualified in Schenectady County
My Commission Expires December 7, 2025

NYS Department of Labor
Apprentice Training

MAY 29 2024

Central Office

WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

NYS Department of Labor
Apprentice Training

MAY 29 2024

Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Registration

State Use Only
AT Sponsor No.
ATP Code <u>51-577</u>
Effective Date of AT Program

- Name of Sponsor: Price Chopper / Market 32
- Mailing Address: 501 Duaneburg Rd Schenectady NY 12306 Schenectady
(number & street) (city) (state) (zip code) (county)
- Actual Address: 461 Nott Street Schenectady NY 12308 Schenectady
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 518 379 1417 Ext. 1417 Fax No.: 518 379 3982
- E-mail Address: [REDACTED]
- Trade/Occupation: Truck Driver - Heavy
- No. Employees: _____ No. Apprentices: 12 No. Journeyworkers: 125 8. Ratio: 1:11:11
- DOT Code: 42798 10. Length of Program: 24 ^{3 months} 12 months
- Apprentice Probationary Period: 90 days 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 22.20 per Hour 14. Effective Date of Wages: 9/3/2023

15. Apprentice wage progression for each period – in months (M) or hours (H)

	1	2	3	4	5	6	7	8	9	10
Months (check):	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"/>	M <input type="checkbox"/>
Hours (check):	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"/>
No. of Months/Hours:	0-3	4-7	8-12							
Wage rate: or, percentage of the journeyworker rate:	\$18.15	\$18.65	\$19.15							

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

17. [Signature] 3/21/24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Keith Rockenslyre General Manager Transportation
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date



MAY 29 2014

Central Office

Apprenticeship Agreement

Please send to your regional DOL office:

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

1. Name of Program Sponsor
Price Chopper/Market 32

Physical address of Program Sponsor (no. and street)
501 Duanesburg rd

City County State Zip code
Schenectady, Schenectady NY 12306

Mailing address of Program Sponsor (no. and street)
461 Nott Street

City County State Zip code
Schenectady, Schenectady NY 12308

2. Trade: Time-based Competency-based Hybrid
TRUCK DRIVER, HEAVY

3. Start Date **4/3/24**

4. Length of program (Months)
12

5. DOL Apprentice Probation Period for Completion Rates (Months)
3

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
Price Chopper/Market 32

RI Compensated
 Yes No

7. Minimum Journey-Worker Rate
22.20

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer Previous Experience (Employer name):

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? Yes No
If "Yes," Trade _____ State _____

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
0-3	4-7	8-12							
\$18.15	18.65	19.15							

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

Signature of Apprentice and Parent/Guardian if age 16-17 _____ Date **05/15/24**
 Signature of Official Sponsor Representative _____ Date **5/16/24**

Registered by the New York State Department of Labor:

State Use Only

Date	Init.
To ATC _____	_____
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 _____



Department of Labor

NYS Department of Labor
Apprentice Training

MAY 29 2024 Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor Price Chopper/Market 32					
	Physical address of Program Sponsor (no. and street) 501 Duanesburg rd					
	City	County	State Zip code			
	Schenectady	Schenectady	NY 12306			
	Mailing address of Program Sponsor (no. and street) 461 Nott Street					
City			County	State	Zip code	
Schenectady			Schenectady	NY	12308	
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid TRUCK DRIVER, HEAVY						
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3		
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Price Chopper/Market 32			RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate 22.20		
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
0-3	4-7	8-12							
\$18.15	18.65	19.15							

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

_____ 05/16/2024 _____ 5/16/24
 _____ Date _____ Signature of Official Sponsor Representative _____ Date

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor _____ Date

State Use Only	
Date	Init.
To ATC _____	_____
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 _____	_____

Apprenticeship Agreement

I. Apprenticeship Agreement Central Office

Sponsor No. _____ ATP Code 51-577

	1. Name of Program Sponsor Price Chopper/Market 32				
	Physical address of Program Sponsor (no. and street) 501 Duaneburg rd				
	City	County	State Zip code		
	Schenectady	Schenectady	NY 12306		
	Mailing address of Program Sponsor (no. and street) 461 Nott Street				
City			County	State	Zip code
Schenectady			Schenectady	NY	12308
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid					
TRUCK DRIVER, HEAVY					
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) 12	5. DOL Apprentice Probation Period for Completion Rates (Months) 3	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Price Chopper/Market 32			RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate 22.20	
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
0-3	4-7	8-12							
\$18.15	18.65	19.15							

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

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

Signature of Official Sponsor Representative

Date

State Use Only

	Date	Init.
To ATC	_____	_____
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 _____

Signature of Official Sponsor Representative

Date

Print Name

State Use Only

	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

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	_____	_____

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Sponsor Code _____

Trade Code 51-577

Related Instruction Availability

Trade: TRUCK DRIVER, HEAVY

Sponsor Name: Price Chopper/ Market 32

Sponsor Representative: Keith Rockenstyre

Sponsor Address:

No. & Street: 501 Duanesburg Rd City: Schenectady

County: Schenectady State: NY Zip Code: 12306

Sponsor Telephone No.: 518-379-1417

Proposed Number of Apprentices: 3

AT Office

Name: NYS DOL

No. & Street: 1220 Washington Avenue

City: Albany State: NY Zip Code: 12226

Apprentice Training Representative: Dan pAris Date Prepared: 5/21/24

Related instruction is **not** available. Related instruction **is** available at:

School

Name: Price Chopper/ Market 32

No. & Street: 501 Duanesburg Rd

City: Schenectady State: NY Zip Code: 12306

School Representative Contact Information:

Name: Keith Rockenstyre

Telephone No.: 518-379-1417 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

NYS Department of Labor
Apprentice Training

MAY 29 2024

Central Office

DLEA

Name: Christie Davis/ Fulton-Montgomery Community College

No. & Street: 2805 State Highway 67,

City: Johnstown, State: NY Zip Code: 12095

Signature of DLEA Christie Davis [REDACTED] Date Prepared: 5/21/24



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Price Chopper/ Market 32

Located at: (Address) 501 Duaneburg Road, Schenectady, NY 12306

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

In the occupation of: (List Trade) TRUCK DRIVER, HEAVY

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 a high school equivalency diploma (such as TASC or GED).
Minimum Age: 21 Minimum Education: _____

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

A NYS DOT Certified Medical exam t the expense of the sponsor, after selection and prior to enrollment in apprenticeship.

(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 submit to and pass a drug test, at the expense of the sponsor, after selection and prior to enrollment in apprenticeship.

Other:

Other:

NYS Department of Labor
Apprentice Training

MAY 29 2024

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

Central Office

Name: Price Chopper/ Market 32

Address: 501 Duaneburg Road, Schenectady, NY 12306

Days: M-F Times: 9-5

Phone: (518) 379-2380 Email: [REDACTED]

Special Instructions:

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: TRUCK DRIVER, HEAVY

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	4			Total
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	4			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed				
<input type="checkbox"/>	Other: _____				
Work Experience					
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of Trade Related Work Experience	15			Total
<input type="checkbox"/>	Points for Each Year of Active Military Experience	15			
<input type="checkbox"/>	Points for Each Year of General Work Experience				
<input type="checkbox"/>	Other: _____				
Seniority					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	10			Total
<input type="checkbox"/>	Other: _____	10			
Job Aptitude					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
<input type="checkbox"/>	Administered by _____				
<input type="checkbox"/>	Other: _____				
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/>	<u>1-2</u> Ability to Communicate	11			Total
<input checked="" type="checkbox"/>	<u>1-6</u> Willingness to Accept Obligation of Apprenticeship	2			
<input type="checkbox"/>	Ability to Reason and Comprehend	6			
<input checked="" type="checkbox"/>	<u>1-3</u> Interest and Motivation	3			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

40	Total Score →	
----	---------------	--

Rank _____ NYS Department of Labor
Apprentice Training

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Price Chopper/ Market 32

MAY 29 2024

Sponsor Address: 501 Duanesburg Road, Schenectady, NY 12306

Central Office

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Department of Labor

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 (<https://newyork.usnlx.com>) 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 (<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: _____ Keith Rockensteppe _____ 3/27/24 _____
Date

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

Keith Rockensteppe _____ General Manager of Transportation _____
Print Name and Title

Approved by: _____
New York State Department of Labor _____ Date

Sponsor Name _____ Sponsor Code _____ No. of Apprentices _____

Trade(s) _____ Trade Code(s) _____

AT 602 (12/21)

NYS Department of Labor
Apprentice Training

MAY 29 2024

Central Office