



NYSDOL Use Only: Sponsor No. \_\_\_\_\_
New Program Reactivation Revision Recertification

New York State Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

JUN 22 2022

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: Pursuit Transformation Benefit Corporation
B. Trade(s): Software Development (90-562c)
C. Type of Apprenticeship Training Program (check one):
1. 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: Timothy Asprec
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: 47-10 Austell Place, 2nd Floor
City/Town: Long Island City State: NY Zip Code: 11101
G. Email: H. Phone: 9086424753 Fax:
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?
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? 9
O. Within the past five (5) years, have you done business under a different name?
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?

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?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

\*\* 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.

Jukay Hsu 12/09/2021  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

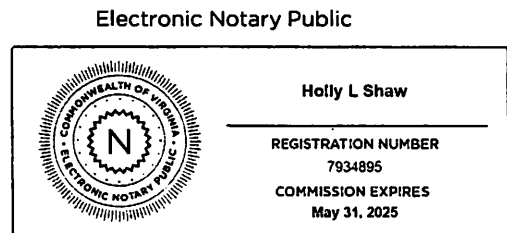
Print name and title: Jukay Hsu CEO

Sworn to me this: 9th day of December Holly L Shaw  
 Signature of Notary Public or Commissioner of Deeds *Holly L Shaw*

NYS DOL Official Use Only

Field - Receipt Date Stamp

STATE OF: Virginia COUNTY OF: Chesterfield  
 05/31/2025 7934895  
 My commission expires My commission number is



Notarized online using audio-video communication

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www.labor.ny.gov

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code
Effective Date of AT Program

- Name of Sponsor: Pursuit Transformation Benefit Corporation
- Mailing Address: 47-10 Austell Place, 2nd Floor Long Island City New York 11101 Queens  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 47-10 Austell Place, 2nd Floor Long Island City New York 11101 Queens  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 347-841-6090 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Software Developer (90-562c)
- No. Employees: 10 No. Apprentices: 0 No. Journeyworkers: 40 8. Ratio: 1:1, 1:1
- DOT Code: 030.062-010 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ \_\_\_\_\_ per Mock AT-401 14. Effective Date of Wages: 12/09/2021

15. Apprentice wage progression for each period – in months (M) or hours (H) Per Mock AT-401

	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"/>	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"/>	H <input type="checkbox"/>
Per Mock AT-401										

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

17. [Signature] 12/09/2021 18. \_\_\_\_\_  
 Signature of Official Sponsor Representative Date Signature of Union Representative Date  
 Mr. Timothy Asprec, Program Delivery Manager  
 Print Name and Title Print Name, Title, and Union Name

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

NYS Department of Labor  
 Apprentice Training

JUN 22 2022

Central Office

JUN 22 2022

Apprenticeship Agreement

Wage Progression

I. Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 90-562c

Name of Apprentice (Last, First, M.I.) <b>Mock AT-401 Wage Progression</b>		Social Security Number		1. Name of Program Sponsor <b>Pursuit Transformation Benefit Manager</b>	
Address of Apprentice (no. and street)				Physical address of Program Sponsor (no. and street) <b>47-10 Austell Place, 2nd Floor</b>	
City	County	State	Zip code	City	County
				<b>Long Island City</b>	<b>Queens County</b>
		<b>NY</b>	<b>11101</b>		
Answer both A and B A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino B. Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				Mailing address of Program Sponsor (no. and street) <b>Foursquare, 50 W. 23rd Street</b>	
				City	County
				<b>New York</b>	<b>New York,</b>
				<b>NY</b>	<b>10010</b>
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Home & Cell phone numbers H C	Birth date	2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid	
			E-mail address	<b>Software Developer</b>	
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Trade			State	3. Start Date	4. Length of program (Months) <b>Competency</b>
					5. DOL Apprentice Probation Period for Completion Rates (Months) <b>3</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>Pursuit Transformation Benefit Corporation, Long Island City, NY</b>				RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$108,150.</b>
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
1-11	12								
\$95,000.	\$96,425.								

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 / / \_\_\_\_\_ 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 \_\_\_\_\_

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	_____	_____

Sent to  
DLEA

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

Trade Code 90-562c

NYS Department of Labor  
Apprenticeship Training Office

**Related Instruction Availability**

JUN 13 2022

Trade: Software Developer

Sponsor Name: Pursuit Transformation Benefit Corporation NYC

Sponsor Representative: Timothy Asprec

Sponsor Address:

No. & Street: 47-10 Austell Place, 2nd Floor City: Long Island City

County: Queens State: NY Zip Code: 11101

Sponsor Telephone No.: 9086424753

Proposed Number of Apprentices: 100

**AT Office**

Name: NYS Department of Labor Apprentice Training Program

No. & Street: 9 Bond Street, 4th Floor - Room 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative: [REDACTED] Date Prepared: 3/15/22

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

**School**

Name: Pursuit Transformation Company Inc.

No. & Street: 47-10 Austell Place, 2nd Floor

City: Long Island City State: NY Zip Code: 11101

School Representative Contact Information:

Name: Timothy Asprec

Telephone No.: 908-642-4753 Email: [REDACTED]

**School**

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

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

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

School Representative Contact Information:

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

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

NYS Department of Labor  
Apprentice Training

JUN 22 2022

**DLEA**

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

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

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

Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Central Office

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Sponsor Code \_\_\_\_\_  
Trade Code(s) 90-562c

New York State Department of Labor

**Apprentice Training Program Affirmative Action Plan**

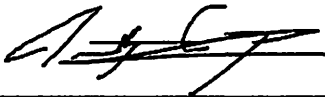
- New Program
- Amended
- Renewal

To be Administered by: Pursuit Transformation Benefit Corporation  
Sponsor's Name

Address: \_\_\_\_\_  
47-10 Austell Place, 2nd Floor  
Long Island City, NY 11101  
Zip Code

Plan is Effective From: 12/09/2021 To: 12/08/2026  
Date Date

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

Signature of Sponsor:  \_\_\_\_\_ 12/09/21  
Date  
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: Timothy Asprec

Title: Program Delivery Manager

**Do not write below this line.**

Approved by: \_\_\_\_\_  
NYS Department of Labor Date

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

NYS Department of Labor  
Apprentice Training

## **Part I – Equal Opportunity Standards**

- A. Provide a brief description of the nature and extent of the Sponsor's business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.

**Pursuit Transformation Benefit Corporation looks to work with our graduates from Pursuit Transformation Company Inc., our Software Development workforce development training program to offer a variety of program models to meet the talent needs of employers and investors within the software engineering tech space. We will work closely with employer partners to build and integrate hiring models into existing processes which includes: 1. A three-year program model designated for continued technical and professional development, 3. Integration with existing internships or apprenticeship programs at partnered companies, and 3. Push for full-time hires into junior developer roles and promotional tracks.**

**Pursuit Transformation Benefit Corporation will be located at our headquarters at 47-10 Austell Place, 2nd Floor, Long Island City, NY, 11101.**

**B. Equal Opportunity Pledge**

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following **Equal Opportunity Pledge**:

**C. Affirmative Action Policy Statement /1**

Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

**D. Sexual Harassment Policy Statement /1**

Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and/or Sexual Harassment Policy Statement should contact the New York Department of Labor's Division of Equal Opportunity Development.





**Part III – Current and Projected Staffing and Annual Goals**

Title of Trade Software Development

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

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

**B. Projected Number of Apprentice Indentures /1**

	Year	20	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	Totals
New Positions	[REDACTED]							
Vacancies from Turnover /2								
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: /1

	Year	20	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	Totals
African American	[REDACTED]							
Hispanic								
Other Minority								
Women								
Total Indentures								

The sponsor's good faith efforts are being followed 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.

/1 Where no apprentice indentures are planned for a particular group or year, enter "0".

/2 Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

## Part IV – Action Plans and Requirements

### A. Outreach and Positive Recruitment Plan

Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

#### Outreach and Recruitment Activities:

#### **Recruitment Strategies**

#### **Government & Community-Based Organizations:**

- 1) Human Resource Administration: A. SMS Campaign-to-Cash Assistance Recipients (biweekly), B. Social Media Posting via. Twitter, C. Mailer Campaign to cash assistance recipients (in development)**
- 2) Department of Labor: A. Monthly Job/Career Resource Fairs, B. Job Bank Postings**
- 3) NYCHA(Tech 51): A. Monthly Virtual Information Sessions, B. Application Support Sessions**
- 4) Workforce 1: A. Flyering and community partner presentations**
- 5) Goodwill: A. Bridge to Technology program in development**
- 6) NPower: A. Quarterly event with NPower alumni and Pursuit Fellows**
- 7) Bottomline: A. Quarterly event with Bottomline alumni and Pursuit Fellows**
- 8) YearUp: A. Resource sharing among alumni community**
- 9) Urban Resource Institute: A. Resource sharing among community members**
- 10) Bronx Community College: A. \$5000 Grant running to February 2022, focus is to recruit 2 to 3 BCC students/alumni to the Fellowship**
- 11) Queens Public Library: A. Resource Fairs, B. Bridget to Tech Program**
- 12) Brooklyn Public Library: Resource Fairs**
- 13) Partners that distribute our information: NADAP, Kota Alliance, LaGuardia Tech Hire, Youth Action Youth Build, Henry Street Settlement, Urban Upbound, Elmhurst Community Partnership, Neighborhood Housing Services of Queens, Justice Through Code, America Works of NY, LESEN, Institute of Career Development, ACE, Restore NYC, Bridge From School to Work, Eckerd Connects, Braven, Grace Institute, Cypress Hills, CAMBA, Queens College, East Bronx Academy, Here to Here, iMentor, EDSI: Career Compass, Borough of Manhattan CC, Queensborough CC, NYC Employment + Training Coalition**

Direct Entry Provider(s): (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)

NYS Department of Labor  
Apprentice Training

JUN 22 2022

Central Office

**Part IV – Action Plans and Requirements (continued)**

**B. Recruitment**

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

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).  
  
An area-wide public recruitment will publicize the following information:
  - a. Estimated number of apprentice job openings to be filled.
  - b. Eligibility requirements.
  - c. Where and when applications may be obtained.
  - d. When applications are to be submitted.
  - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank ([www.newyork.us.jobs/](http://www.newyork.us.jobs/)).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached** to be **submitted to the Commissioner of Labor** for review and approval prior to being used. /1

**C. Methods for Selection of Apprentices**

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
  - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
  - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

**NYS Department of Labor  
Apprentice Training**

**JUN 22 2022**

**Central Office**

/1 A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

**Part IV – Action Plans and Requirements (continued)**

**C. Methods for Selection of Apprentices (continued)**

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
  - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
  - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. /1
  
- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
  - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
  - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
  - c. The expected time and place of the selection shall be indicated in the recruitment notice.
  - d. The place of the selection shall be open for all applicants and the public.
  - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
  - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
  
- 4. Alternative selection methods. /2

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

**D. Minimum Selection Standards and Evaluation.**

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/or on Form AT 508, Selection Standards and Evaluations, attached.

**NYS Department of Labor  
Apprentice Training**

**JUN 22 2022**

**Central Office**

/1 Sponsors are advised to keep all applications for a **minimum of one year**.

/2 A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.