



New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

MAY 14 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: Questar III BOCES
B. Trade(s): Teaching Assistant
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: Questar III BOCES
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: 10 Empire State Blvd
City/Town: Castleton State: NY Zip Code: 12303
G. Email: [Redacted] H. Phone: (518) 477-8771 I. Fax:
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):
[] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [X] Other
N. How many years has your organization been in business? 56
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 Gladys I. Cruz Date 4/10/2024

Print name and title: Gladys I. Cruz

Sworn to me this: 10TH day of April 2024 Signature of Notary Public or Commissioner of Deeds [Signature]





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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 No

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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

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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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Rachel Gatti Signature of CEO, Chair, or representative granted legal authority to bind the Entity 4/9/24 Date

Print name and title: Rachel Gatti - President

Sworn to me this 9th day of April 2024 [Signature] Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training
MAY 14 2024
Central Office

JUL 31 REC'D

WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	89618
Effective Date of AT Program	

- Name of Sponsor: Questar III BOCES
- Mailing Address: 10 Empire State Blvd, Castleton NY 12033 Rensselaer
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (518) 477-8771 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: TEACHER ASSISTANT
- No. Employees: 735 No. Apprentices: _____ No. Journeyworkers: 473 8. Ratio: 1:1;2:1
- DOT Code: _____ 10. Length of Program: 24 months
11. Apprentices Probationary Period: 6 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$23,803 per year 14. Effective Date of Wages: 04/24/2024

15. Apprentices 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 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:	0-12	13-24								
Wage rate: or, percentage of the journeyworker rate:	2380	2480	per month							

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

17. Gladys I. Cruz 04/10/2024 18. Rachel Gatti 04/10/2024
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Gladys I. Cruz Superintendent Rachel Gatti President TA unit
Print Name and Title Print Name, Title, and Union Name

19. _____ Date
Signature New York State Department of Labor



Apprenticeship Training Program

Related Instruction Availability

Trade: Teaching Assistant
Sponsor Name: Questar III BOCES
Sponsor Representative: Gladys Cruz
Sponsor Address:
No. & Street: 10 Empire State Blvd City: Castleton
County: Rensselaer State: NY Zip Code: 12033
Sponsor Telephone No.: 518-479-6970
Proposed Number of Apprentices: _____

AT Office
Name: NYS DOL Albany
No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/459
City: Albany State: NY Zip Code: 12240
Apprentice Training Representative: Daniel Paris Date Prepared: _____

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

School
Name: Hudson Valley Community College
No. & Street: 80 Vandenburg Ave, Troy, NY 12180
City: Troy State: NY Zip Code: 12180
School Representative Contact Information:
Name: Deb Shoemaker Telephone No.: (518) 629-4822 Email: _____

School
Name: Columbia Green Community College
No. & Street: 4400 Route 23 Hudson
City: Hudson State: NY Zip Code: 12534
School Representative Contact Information:
Name: Christy Ward Telephone No.: 518-697-6340 Email: _____

DLEA
Name: Christie Davis
No. & Street: SUNY FULTON MONTGOMERY CC . 2805 State Hwy 67
City: Johnstown State: Ny Zip Code: 12095
Signature of DLEA _____ Date Prepared: 5/14/24



Apprenticeship Training Program

Related Instruction Availability

Trade: Teaching Assistant

Sponsor Name: Questar III BOCES

Sponsor Representative: Gladys Cruz

Sponsor Address:

No. & Street: 10 Empire State Blvd City: Castleton

County: Rensselaer State: NY Zip Code: 12033

Sponsor Telephone No.: 518-479-6970

Proposed Number of Apprentices: _____

AT Office

Name: NYS DOL Albany

No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/469

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: Daniel Paris Date Prepared: _____

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

School

Name: Questar III BOCES

No. & Street: 10 Empire State Blvd

City: Castleton State: NY Zip Code: 12033

School Representative Contact Information:

Name: James Niedermeier Telephone No.: 518-479-6970 Email: [REDACTED]

School

Name: State University at Albany

No. & Street: 1400 Washington Ave

City: Albany State: NY Zip Code: 12222

School Representative Contact Information:

Name: Jerry Rivera-Wilson Telephone No.: 518-442-5028 Email: [REDACTED]

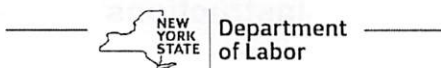
DLEA

Name: Christie Davis

No. & Street: SUNY Fulton Montsmyer CC 2805 State Hwy 67

City: Schenectady State: NY Zip Code: 12305

Signature of DLEA [REDACTED] Date Prepared: 5/14/24



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Questar III BOCES

Located at: (Address) 10 Empire State Blvd, Castleton NY 12033

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

In the occupation of: (List Trade) TEACHER ASSISTANT

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: 17 Minimum Education: High School Diploma or Equivalency Diploma (such as Tasc or GED) or enrolled in CTE program in ED TRAINING

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

(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:

Other:

Other:

NYS Department of Labor
Apprentice Training

JUL 31 REC'D

Central Office

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

Name: Questar III BOCES

Address: 10 Empire State Blvd, Castleton NY 12033

Days: ONLINE AT QUESTAR.ORG Times: ongoing

Phone: (518) 479-6970 Email: [REDACTED]

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: _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input type="checkbox"/>	Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	10		
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed			
<input checked="" type="checkbox"/>	2 Other: <u>For each successfully completed Grad level course</u>	10		
Total				Total
Work Experience				
<input checked="" type="checkbox"/>	2 Points for Each Year of Trade Related Work Experience	40		
<input checked="" type="checkbox"/>	2 Points for Each Year of Active Military Experience	10		
<input type="checkbox"/>	Points for Each Year of General Work Experience	10		
<input checked="" type="checkbox"/>	5 Other: <u>For each trade related professional credential (including out of state)</u>	20		
Total				Total
Seniority				
<input checked="" type="checkbox"/>	2 Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/>	Other: _____	10		
Total				Total
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
	Administered by _____			
<input type="checkbox"/>	Other: _____			
Total				Total
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	0-10 Ability to Communicate	40		
<input checked="" type="checkbox"/>	0-10 Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	0-10 Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	0-10 Interest and Motivation	10		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			
Total				Total

Total Allowable Points →

100	Total Score →	
-----	---------------	--

Rank _____

Evaluated by: _____ Date: _____

(Name)

Sponsor Name: Questar III BOCES

Sponsor Address: 10 Empire State Blvd, Castleton NY 12033

**NYS Department of Labor
Apprentice Training**

JUL 31 REC'D

Central Office

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, Apprenticeship 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):

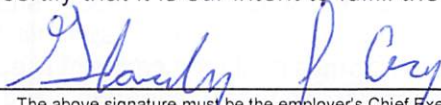
- Listing all apprentice openings with the NYS Job Bank (<https://newyork.usnlx.com>) for a minimum of five full working days before selections are made.
- Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies 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.

E. **Outreach and Positive Recruitment Plan (if applicable):** 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:

Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

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

Signature of Sponsor:  4/10/2024
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Name: Gladys I. Cruz Title: Superintendent

Approved by: _____
New York State Department of Labor Date

Sponsor Name: Questar III BOCES

Sponsor Code: _____ Number of Apprentices: _____

Trade(s): TEACHER ASSISTANT

Trade Code(s): 89-618