



NYS Department of Labor
Apprentice Training

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

SEP 25 2023

New York State
Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

Central Office

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: Redefine Fitness

B. Trade(s): Fitness Instructor

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: Redefine Fitness

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: 1113 N. Country Road

City/Town: Stony Brook State: NY Zip Code: 11790

G. Email: [REDACTED] H. Phone: (631) 743-9906 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?..... Yes No

M. Type of Entity (check one and provide attachments as noted in the instructions):

- Corporation Partnership Sole-Proprietor LLC LLP Other

N. How many years has your organization been in business? 6

O. Within the past five (5) years, have you done business under a different name?..... Yes 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 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 No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... Yes No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law?..... Yes 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 8/31/23
Date

Print name and title: Anthony Amen, President

Sworn to me this: 31 day of August 2023 _____
Signature of Notary Public or Commissioner of Deeds

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 Hicksville, L.I.
 SEP 01 2023
 NYS DEPARTMENT OF LABOR
 APPRENTICESHIP UNIT
Print - Receipt Date Stamp

Samantha Cercone
 Notary Public, State of New York
 No. 01CE6437290
 Qualified in Suffolk County
 My Commission Expires 08/01/2026
 NYS Department of Labor
 Apprenticeship Training
 SEP 25 2023
 Central Office

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NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code <u>89-600</u>
Effective Date of AT Program

- Name of Sponsor: Redefine Fitness
- Mailing Address: 1113 N. Country Rd. Stony Brook NY 11790 Suffolk
(number & street) (city) (state) (zip code) (county)
- Actual Address: 5507 Nesconset Hwy. Ste. Mount Sinai NY 11766 Suffolk
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (631) 743-9906 Ext. _____ Fax No.: N/A
- E-mail Address: [REDACTED]
- Trade/Occupation: Fitness Instructor
- No. Employees: 16 No. Apprentices: 2 No. Journeyworkers: 5 8. Ratio: 1:1;1:1
- DOT Code: 39-9031.00 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ \$24.00 per hr 14. Effective Date of Wages: 07/01/2023

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 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"/>
<u>0-1000</u>	<u>1000-2000</u>								
\$18.75	\$21.50								

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

17. [Signature] 9/11/23 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Anthony Amen, President _____
Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date



SEP 25 2023

Central Office

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 89-600

1. Name of Program Sponsor
Redefine Fitness

Physical address of Program Sponsor (no. and street)
5507 Nesconset Hwy, Suite 2

City County State Zip code
Mount Sinai Suffolk New York 11766

Mailing address of Program Sponsor (no. and street)
1113 N. Country Road

City County State Zip code
Stony Brook Suffolk NY 11790

2. Trade: Time-based Competency-based Hybrid
Fitness Instructor

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

3. Start Date _____ 4. Length of program (Months) **12** 5. DOL Apprentice Probation Period for Completion Rates (Months) **3 months**

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
S.U.N.Y Suffolk Community College

RI Compensated Yes No 7. Minimum Journey-Worker Rate
\$24.00/hr

8. Credit for previous training or experience: **3** Months Points _____ Sections _____
 Reinstatement Vocational Education Transfer Previous Experience (Employer name): **Redefine Fitness**

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
0-1000	1001-2000								
\$18.75/hr.	\$21.50/hr.								

Apprentice Agree to the Terms on Page 2 of this Form.
 _____ Date **9/1/23** Signature of Official Sponsor Representative _____ Date **9/1/23**

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.

III. RI Completion

STATE USE ONLY
 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 89-600

	1. Name of Program Sponsor Redefine Fitness		
	Physical address of Program Sponsor (no. and street) 5507 Nesconset Hwy, Suite 2		
	City Mount Sinai	County Suffolk	State Zip code New York 11766
	Mailing address of Program Sponsor (no. and street) 1113 N. Country Road		
	City Stony Brook	County Suffolk	State Zip code NY 11790
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Fitness Instructor			
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 months
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) S.U.N.Y Suffolk Community College		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$24.00/hr
8. Credit for previous training or experience: 3 Months Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): Redefine Fitness			

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 -1000	1001 - 2000								
\$18.75/hr.	\$21.50/hr.								

I, _____ the Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.
 _____ Date **9/1/23** Signature of Official Sponsor Representative _____ Date **9/1/23**

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 _____

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.

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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Hicksville, L.I.

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Sponsor Code _____
Trade Code 89-600

SEP 13 2023

Central Office Apprenticeship Training Program

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

Related Instruction Availability

Trade: Fitness Instructor

Sponsor Name: Redefine Fitness

Sponsor Representative: Anthony Amen

Sponsor Address:

No. & Street: 5507 Nesconset Hwy Suite 2 City: Mount Sinai

County: Suffolk State: NY Zip Code: 11766

Sponsor Telephone No.: 631-743-9906

Proposed Number of Apprentices: 2

AT Office

Name: NYS Department of Labor - Apprenticeship Department

No. & Street: 303 W. Old Country Road, 2nd Floor

City: Hicksville State: NY Zip Code: 11803

Apprentice Training Representative: _____ Date Prepared: _____

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

School

Name: SUNY Suffolk Community College

No. & Street: 533 College Road

City: Selden State: NY Zip Code: 11784

School Representative Contact Information:

Name: Chris Cosenza, Program Director

Telephone No.: 6314514415 Email: _____

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Susan Smyth - BOCES

No. & Street: Wilson Tech-Northport Campus, 152 Lauren Hill Road

City: No State: Y Zip Code: 11768

Signature of DLEA: _____ Date Prepared: 9/7/23

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Sponsor Code: _____

Trade Code: 89-600

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Redefine Fitness

Located at: (Address) 5507 Nesconet Hwy, Suite 2 Mount Sinai, NY 11766

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

In the occupation of: (List Trade) Fitness Instructor

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

Minimum Qualifications High School Diploma or high school equivalence diploma (such as a
Minimum Age: 18 Minimum Education: TASC or GED)

Physical Condition: Be physically able to perform the work required as determined by:
Must be able to lift and carry a minimum of 50lbs. Must be able to work with individuals from all backgrounds in a one-on-one setting. Must be comfortable working in a gym setting. Must be able to have hand and eye coordination.

(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 be a US citizen or legally able to work in the USA. Must be able to read and understand English and hear and understand verbal instructions and warnings given in English. Minimum proficiency in 7th grade math. Must be able to operate the appropriate tools and equipment.

Other: Must be able and willing to attend all related classroom training as required to complete the apprenticeship training program. Must have reliable means of transportation to and from the office, and to and from all educational programs.

Other: Must be able to stand, and/or sit, for long periods of time. Must be able to be in a stationary position for long periods of time. Must be able to do repetitive actions on a daily basis. Must be able to be around loud noises for long periods of time.

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

Name: Redefine Fitness

Address: 1113 N. Country Rd. Stony Brook, NY 11790

Days: Fridays Only Times: 9:00 AM - 12:00 PM

Phone: _____ Email: [REDACTED]

Special Instructions:
Email to request an application

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

NYS Department of Labor
Apprentice Training

Received
Hicksville, L.I.

SEP 01 2023

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Sponsor Code _____

Trade Code(s) 89-600

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Fitness Instructor

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement		Total		Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	24		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	8		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	8		
<input type="checkbox"/>	Other: _____			
Work Experience		Total		Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	15		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	6		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	4		
<input type="checkbox"/>	Other: _____	5		
Seniority		Total		Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Employment with The Sponsoring Firm	5		
<input type="checkbox"/>	Other: _____	5		
Job Aptitude		Total		Total
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
Oral Interview: Not to Exceed 40% of Total Score		Total		Total
<input checked="" type="checkbox"/>	<u>0-5</u> Ability to Communicate	20		
<input checked="" type="checkbox"/>	<u>0-5</u> Willingness to Accept Obligation of Apprenticeship	5		
<input checked="" type="checkbox"/>	<u>0-5</u> Ability to Reason and Comprehend	5		
<input checked="" type="checkbox"/>	<u>0-5</u> Interest and Motivation	5		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

NYS Department of Labor
Apprentice Training
Total Allowable Points →

64 Total Score →

SEP 25 2023

Rank _____

Evaluated by: _____ (Name) Central Office Date: _____

Sponsor Name: Redefine Fitness

Sponsor Address: 5507 Nesconset Hwy, Suite 2 Mount Sinai, NY 11766

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Hicksville, L.I.

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NYS Department of Labor
Apprentice Training

SEP 25 2023

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, 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: _____ Date 9/11/23

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

Anthony Amen

President

Print Name and Title

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

Sponsor Name Redefine Fitness Sponsor Code _____ No. of Apprentices 2

Trade(s) Fitness Instructor Trade Code(s) 89-600