



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

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

FEB 06 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: Recourse Center of Independent Living, Inc. (RCIL)
B. Trade(s): Jr. Accountant (Comp.), HR Associate (Comp.), Direct Support Prof. (Comp.), Housekeeper
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: Resource Center of Independent Living, Inc. (RCIL)
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: PO Box 210
City/Town: Utica State: NY Zip Code: 13503
G. Email: [REDACTED] H. Phone: (315) 272-2951 I. Fax: (315) 797-4747
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? 40
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:

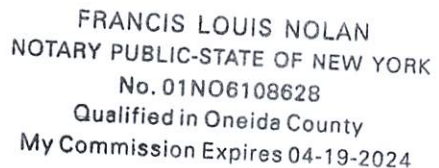
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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 1/18/24
Date

Print name and title: Zvia McCormick, CEO

Sworn to me this: 18 day of JANUARY 2024 _____
Signature of Notary Public or Commissioner of Deeds





FEB 06 2024

Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	89-457C
Effective Date of AT Program	

- 1. Name of Sponsor: Resource Center for Independent Living, Inc. (RCIL)
- 2. Mailing Address: PO Box 210 Utica NY 13503 Oneida
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 131 Genesee Street Utica NY 13501 Oneida
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: (315) 272-2951 Ext. _____ Fax No.: (315) 797-4747
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Direct Support Professional Comp
- 7. No. Employees: 2,078 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1,1:1
- 9. DOT Code: 195.367-900 10. Length of Program: Comp. months
- 11. Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 17.50 per Hour 14. Effective Date of Wages: 1/22/2024

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"/>	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"/>	H <input type="checkbox"/>
0-750	751 +									
15.00	16.00									

Received
JAN 24 2024
D.E.W.S Syracuse NY

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

17. [Signature] 1/22/24 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Zvia McCormick, CEO _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

WE ARE YOUR DOL



Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-547C

Related Instruction Availability

Trade: Direct Support Professional (Competency)

Sponsor Name: Resource Center for Independent Living, Inc. (RCIL)

Sponsor Representative: Zvia McCormick

Sponsor Address:

No. & Street: 131 Genesee Street City: Utica

County: Oneida State: NY Zip Code: 13501

Sponsor Telephone No.: 3152722951

Proposed Number of Apprentices: 4

AT Office

Name: Central Apprenticeship Field Office

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

City: Syracuse State: NY Zip Code: 13502

Apprentice Training Representative: [REDACTED] Date Prepared: 2/1/24

Related instruction is not available.

Related instruction is available at:

School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Sara Heinrich

Telephone No.: 3157925538 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

NYS Department of Labor
Apprentice Training

FEB 06 2024

DLEA

Name: Brenda Wolak

Central Office

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 2/1/24



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Resource Center for Independent Living, Inc. (RCIL)

Located at: (Address) 131 Genesee Street, Utica, NY 13501

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 4

In the occupation of: (List Trade) Direct Support Professional (Competency)

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 equivalent (GED/TASC)

Minimum Age: 18 Minimum Education: _____

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

Need to assist with physical transfer of individual, assist with personal care, assist with mobility. Must be able to lift 25 lbs. and be able to stand extended periods, bend and stoop. Apprentice candidate verbally attests to ability.

(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: Due to the nature of the position: Basic computer skills required - Use of keyboard and mouse. Aptitude for use of Outlook, Word and Excel.

Other:

Other:

NYS Department of Labor
Apprentice Training

FEB 06 2024

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

Name: Resource Center for Independent Living (RCIL)

Central Office

Address: 131 Genesee Street, Utica, NY 13501

Days: Monday through Friday Times: 8am - 4pm

Phone: (315) 272-2957 Email: [REDACTED]

Special Instructions:

Details of all RCIL job openings can be found at www.rcil.com/careers
Applications for all RCIL job openings can be found at www.rcil.com/careers

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

WE ARE YOUR DOL



Form No. 100-1
 Trade Code: 59-5470

Selection Standards and Evaluations

Name of Candidate _____ Trade: Direct Support Professional (Comp)

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 _____ or Equivalent as Recognized by Local Educational Authorities	24		
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	4		
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10		
<input type="checkbox"/>	Other: _____	10		
Work Experience		Total		Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	26		
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Active Military Experience	10		
<input checked="" type="checkbox"/>	<u>3</u> Points for Each Year of General Work Experience	10		
<input type="checkbox"/>	Other: _____	6		
Seniority		Total		Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Employment with The Sponsoring Firm	10		
<input type="checkbox"/>	Other: _____	10		
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>2</u> Ability to Communicate	40		
<input checked="" type="checkbox"/>	<u>2</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	20		
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	5		
<input type="checkbox"/>	Other: _____	5		
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

100 Total Score →

Rank _____

Date: _____

NYS Department of Labor
 Apprenticeship Training

FEB 06 2024

Evaluated by: _____ (Name)

Sponsor Name: Resource Center for Independent Living, Inc. (RCIL, Inc.)

Central Office

Sponsor Address: 131 Genesee Street, Utica, NY 13501



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.

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 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):

- [X] 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: [Signature] Date 1/18/24

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

Zvia McCormick CEO Print Name and Title

Approved by: _____ Date _____

Sponsor Name Resource Center of Independent Living, INC (RCIL) Sponsor Code _____ No. of Apprentices 0

Trade(s) Jr. Accountant (C), HR Associate (C), Direct Support Prof. (C), House Keeper Trade Code(s) 73-585C, 94-598C, 89-457C, 55-580