



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

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

SEP 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: Restaurant Opportunities Centers (ROC)
B. Trade(s): COOK-...
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [X] Group Non-Joint* 4. [] Group Joint (JAC/JATC)*
D. Name of entity completing this form: Restaurant Opportunities Centers (ROC)
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [] JAC/JATC [X] Association
F. Mailing address: Street: 275 7th Avenue - 15th Floor
City/Town: New York State: NY Zip Code: 10001
G. Email: H. Phone: (212) 343-1771 I. Fax: NA
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? [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? 16 YEAR
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [X] No

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) other than those covered above?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 7-12-2024

Print name and title: TEOFILO REYES, INTERIM PRESIDENT & CEO

Sworn to me this: 12th day of JULY 2024 _____
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

STEVE J MARTINEZ
Notary Public - State of New York
NO. 01MA6412121
Qualified in Queens County
My Commission Expires Dec 14, 2024

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code <u>55-5696</u>
Effective Date of AT Program

1. Name of Sponsor: Restaurant Opportunities Centers (ROC)
2. Mailing Address: 275 7th Avenue 15th Floor New York NY 10001 Manhattan
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 275 7th Avenue 15th Floor New York NY 10001 Manhattan
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 212-343-1771 Ext. _____ Fax No.: N/A
5. E-mail Address: [REDACTED]
6. Trade/Occupation: COOK-CHEF
7. No. Employees: 3- No. Apprentices: 0- No. Journeyworkers: 0-20 8. Ratio: 1: 1,1
9. DOT Code: 313.361-014 10. Length of Program: 12 months *Competency*
11. Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$31.32 per hour 14. Effective Date of Wages: 7/10/2024

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"/>
H	<input type="checkbox"/>	H	<input type="checkbox"/>	H	<input checked="" type="checkbox"/>	H	<input checked="" type="checkbox"/>	H	<input type="checkbox"/>	H	<input type="checkbox"/>
	0-499	500-999	1000-1499	1500-1999							
	18.79	21.92	25.06	28.19							

NYS Department of Labor
Apprentice Training
SEP 06 2024
Central Office

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
17. [Signature] 7/10/2024
 Signature of Official Sponsor Representative Date
Teofilo Reyes, Interim President & CEO
 Print Name and Title
18. _____ NA _____
 Signature of Union Representative Date
 Print Name, Title, and Union Name
19. _____
 Signature New York State Department of Labor Date

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Sponsor Code _____

Trade Code 55-569C

Related Instruction Availability

Trade: COOK-CHEF

Sponsor Name: Restaurant Opportunities Centers

Sponsor Representative: Prabhu Sigamani

Sponsor Address:

No. & Street: 275 7th Avenue - 15th Floor City: New York

County: Manhattan State: NY Zip Code: 10001

Sponsor Telephone No.: 347-833-0761

Proposed Number of Apprentices: 10

AT Office

Name: NYS DOL

No. & Street: W 4th Street

City: Albany State: NY Zip Code: 12207

Apprentice Training Representative: Daniel Paris Date Prepared: 7/1/21

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

School

Name: Empire State University

No. & Street: 325 Hudson Street

City: New York State: NY Zip Code: 10013

School Representative Contact Information:

Name: Maria Figueroa

Telephone No.: 646-230-1370 Email: [Redacted]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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DLEA

Central Office

Name: Emerald Roberts

No. & Street: 90-01 Sutphin Blvd 2nd Fl

City: Jamaica State: NY Zip Code: 11435

Signature of DLEA: [Redacted] Date Prepared: 6/28/21



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: RESTAURANT OPPORTUNITIES CENTERS

Located at: (Address) 275 7th Avenue - 15th Floor NY, NY 10001

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

In the occupation of: (List Trade) COOK

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

Minimum Qualifications **Must have a high school diploma or a high school equivalency diploma such as TASC or GED**
Minimum Age: 18 Minimum Education: _____

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

NA

(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: **NA**

Other: **NA**

Other: **NA**

NYS Department of Labor
Apprentice Training

SEP 06 2024

Central Office

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

Name: RESTAURANT OPPORTUNITIES CENTERS

Address: 275 7th Avenue - 15th Floor NY, NY 10001

Days: M-F Times: 9:00 AM-4:00 PM

Phone: 2123431771 Email: _____

Special Instructions:

APPLICATION ARE AVAILABLE ONLINE AND CAN BE EMAILED, MAILED OR HAND DELIVERED ROCUNITED.ORG/APPRENTICEAPP

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

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Sponsor Code _____
Trade Code(s) 55-569C

Selection Standards and Evaluations

Name of Candidate: _____ Trade: COOK-CHEF

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

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply.					
Educational Achievement					
<input type="checkbox"/> _____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	Total	30			Total
<input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities		15			
<input checked="" type="checkbox"/> <u>3</u> Points for Each Trade Related Adult or Continuing Education Course Completed		15			
<input type="checkbox"/> _____ Other: _____					
Work Experience					
<input checked="" type="checkbox"/> <u>3</u> Points for Each Year of Trade Related Work Experience	Total	15			Total
<input type="checkbox"/> _____ Points for Each Year of Active Military Experience		15			
<input type="checkbox"/> _____ Points for Each Year of General Work Experience					
<input type="checkbox"/> _____ Other: _____					
Seniority					
<input checked="" type="checkbox"/> <u>3</u> Points for Each Year of Employment with The Sponsoring Firm	Total	15			Total
<input type="checkbox"/> _____ Other: _____		15			
Job Aptitude					
<input type="checkbox"/> _____ Name of Aptitude Test: _____	Total				Total
Administered by _____					
<input type="checkbox"/> _____ Other: _____					
Oral Interview: Not to Exceed 40% of Total Score					
<input checked="" type="checkbox"/> <u>0-10</u> Ability to Communicate	Total	40			Total
<input checked="" type="checkbox"/> <u>0-10</u> Willingness to Accept Obligation of Apprenticeship		10			
<input checked="" type="checkbox"/> <u>0-10</u> Ability to Reason and Comprehend		10			
<input checked="" type="checkbox"/> <u>0-10</u> Interest and Motivation		10			
<input type="checkbox"/> _____ Other: _____					
<input type="checkbox"/> _____ Other: _____					

Total Allowable Points →

100	Total Score →	
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Rank _____ NYS Department of Labor
Apprentice Training

Evaluated by: _____ (Name) Date: SEP 06 2024

Sponsor Name: Restaurant Opportunities Centers (ROC) Central Office

Sponsor Address: 275 7th Avenue - 15th Floor New York, NY 10001

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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: _____

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

07/12/2024

Date

TEOFILO BEYES

INTERIM PRESIDENT/CEO

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Restaurant Opportunities Centers

Sponsor Code NA

No. of Apprentices NA

Trade(s) COOK-CHEF

Trade Code(s) ~~35-2011-00~~ 55-569C

NYS Department of Labor
Apprentice Training

AT 602 (12/21)

SEP 06 2024

Central Office