



NYS DOL Use Only: Sponsor No. 51688
[ ] New Program [ ] Reactivation [ ] Revision [ ] Recertification

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

APR 23 2024

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Office Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

A. Sponsor name: Revere Copper Products, Inc.

B. Trade(s): Toolmaker

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: Revere Copper Products, Inc.

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: One Revere Park

City/Town: Rome State: NY Zip Code: 13440

G. Email: [redacted] H. Phone: (315) 338-2637 I. Fax: [redacted]

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? 99

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:

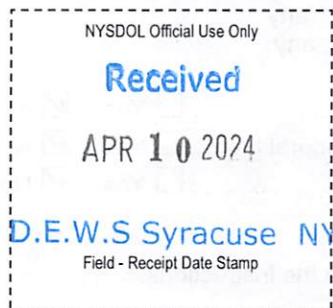
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine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

Christopher Jeannotte 4/8/2024  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Christopher Jeannotte HR training Leader

Sworn to me this: 8<sup>th</sup> day of April, 2024  
[Signature]  
 Signature of Notary Public or Commissioner of Deeds



STATE OF NEW YORK  
 COUNTY OF Oneida  
 On this 8<sup>th</sup> day of April, 2024, before me, the undersigned notary public, personally appeared Christopher Jeannotte proved to me through satisfactory evidence of identification, which were NY DL, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
[Signature]  
 Notary Public's Signature My Commission Expires 3/29/2025





NYS DOL Use Only: Sponsor No. 51688

New Program  Reactivation  Revision  Recertification

NYS Department of Labor  
Apprentice Training

APR 23 2024

Central Office

New York State  
Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

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- 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: UAW 2367

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: One Revere Park

City/Town: Rome State: NY Zip Code: 13440

G. Email: [REDACTED] H. Phone: (315) 338-2637 I. Fax: [REDACTED]

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L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?.....  Yes  No

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- Corporation  Partnership  Sole-Proprietor  LLC  LLP  Other

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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.

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 b. If 'Yes', was the violation determined to be willful?.....  Yes  No
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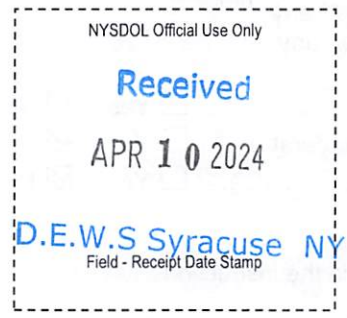
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- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

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Jarret S Hunt 4-8-2024  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Jarret S Hunt UAW Shop Chairman

Sworn to me this: 8<sup>th</sup> day of April, 2024  
[Signature]  
Signature of Notary Public or Commissioner of Deeds



STATE OF NEW YORK  
 COUNTY OF Oneida  
 On this 8<sup>th</sup> day of April, 2024, before me, the undersigned notary public, personally appeared Jarret S. Hunt, proved to me through satisfactory evidence of identification, which were NY DL, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
[Signature]  
 Notary Public's Signature

**David E. LeClair**  
 Notary Public - State of New York  
 No. 01LE8418972  
 Qualified in Herkimer County  
 My Commission Expires 3/29/2025

My Commission Expires 3/29/2025

**WE ARE YOUR DOL**



www.labor.ny.gov

Received

APR 10 2024

D.E.W.S Syracuse NY

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program Application

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Use Only	
AT Sponsor No.	51688
ATP Code	31229
Effective Date of AT Program	

- Name of Sponsor: Revere Copper Products, Inc.
- Mailing Address: One Revere Park Rome NY 13440 Oneida  
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 338-2637 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: [REDACTED]
- Trade/Occupation: Toolmaker
- No. Employees: 348 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1,1:1
- DOT Code: 601.280-042 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$29.10 per hour 14. Effective Date of Wages: 01/23/2023
- Apprentice 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 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"/>
Hours (check):	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours:	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000		
Wage rate: or, percentage of the journeyworker rate:	24.90	25.50	26.10	26.70	27.30	27.90	28.50	29.10		

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

17. Christopher Jeannot 4/8/2024 18. Jarret S Hunt 4-8-2024  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Christopher Jeannot Jarret S Hunt UAW Local 2367  
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

APR 23 2024

**WE ARE YOUR DOL**



Apprenticeship Training Program

Sponsor Code 51688

Trade Code 31-229

**Related Instruction Availability**

Trade: Toolmaker

Sponsor Name: Revere Copper Products, Inc.

Sponsor Representative: Christopher Jeannotte

Sponsor Address:

No. & Street: One Revere Park City: Rome

County: Oneida State: NY Zip Code: 13440

Sponsor Telephone No.: (315) 338-2637

Proposed Number of Apprentices: 1

**AT Office**

Name: DEWS Syracuse

No. & Street: 450 South Salina Street

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: Joel Barnett Date Prepared: 2/6/24

Related instruction is **not** available.

Related instruction is available at:

**School**

Name: Penn Foster (Online)

No. & Street: 925 Oak Street

City: Scranton State: PA Zip Code: 18515

School Representative Contact Information:

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

Telephone No.: 1-800-275-4410 Email: \_\_\_\_\_

**School**

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative Contact Information:

Name: Franca Armstrong

Telephone No.: 315-794-7670 Email: [REDACTED]

NYS Department of Labor  
Apprentice Training

APR 23 2024

**DLEA**

Name: Brenda Wolak, Director of Adult and Continuing Education, Madison-Oneida BOCES Central Office

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 2/7/23

2/7/24



### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Revere Copper Products, Inc.

Located at: (Address) One Revere Park, Rome, NY 13440

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

In the occupation of: (List Trade) Toolmaker

**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 GED/HSE Diploma  
Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

**A physical exam after an offer of employment is made at the expense of the sponsor.**

(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: A functional capacity evaluation is administered following the initial interview to assess their technical knowledge base and gauge their readiness for the program.

Other: A drug test after an offer of employment is made at the expense of the sponsor.

Other:

NYS Department of Labor  
Apprentice Training

**APR 23 2024**

**Application forms may be obtained:** From: \_\_\_\_\_ To: \_\_\_\_\_

Name: Revere Copper Products, Inc.

Central Office

Address: One Revere Park Rome, NY 13440

Days: Mon-Fri Times: 9:00A-5:00P

Phone: (315) 338-2637 Email: [REDACTED]

Special Instructions:

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

## Selection Standards and Evaluations

Name of Candidate: \_\_\_\_\_ Trade: Toolmaker

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.																															
<p><b>Educational Achievement</b></p> <p><input checked="" type="checkbox"/> <u>3</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><input type="checkbox"/> <u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed</p> <p><input type="checkbox"/> Other: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Maximum Points Allowable</th> <th style="width: 15%;">Number of Years Credited</th> <th style="width: 15%;">Score</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td style="text-align: center;">26</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td style="text-align: center;">12</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Maximum Points Allowable	Number of Years Credited	Score		<b>Total</b>	26			<b>Total</b>		12					4					10								
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<p><b>Oral Interview: Not to Exceed 40% of Total Score</b></p> <p><input checked="" type="checkbox"/> <u>1-4</u> Ability to Communicate</p> <p><input checked="" type="checkbox"/> <u>1-4</u> Willingness to Accept Obligation of Apprenticeship</p> <p><input checked="" type="checkbox"/> <u>1-4</u> Ability to Reason and Comprehend</p> <p><input checked="" type="checkbox"/> <u>1-4</u> Interest and Motivation</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td><b>Total</b></td> <td style="text-align: center;">16</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> </tbody> </table>	<b>Total</b>	16			<b>Total</b>		4					4					4					4								
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Total Allowable Points →

65	Total Score →
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Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name)

Date: \_\_\_\_\_ NYS Department of Labor  
Apprentice Training

Sponsor Name: Revere Copper Products, Inc.

APR 23 2024

Sponsor Address: One Revere Park Rome, NY 13440

Central Office



Received

APR 10 2024

D.E.W.S Syracuse NY

# WE ARE YOUR DOL



Department of Labor

Sponsor Code 51688

Trade Code(s) 31-229

## New York State Department of Labor Apprentice Training Program Affirmative Action Plan

New Program     Amended     Renewal

To be Administered by (Sponsor's Name): Revere Copper Products, Inc

Address: One Revere Park, Rome State: NY Zip: 13440

Plan is effective: From: ~~2/15/24~~ 1/3/24 To: ~~2/15/28~~ 1/2/29

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

Signature of Sponsor: Christopher Jeannotte Date: 4-8-2024

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: Christopher Jeannotte

Title: HR Training Coordinator / Leader

**Do not write below this line.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

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

NYS Department of Labor  
Apprentice Training

APR 23 2024

**Part II – Labor Force Analysis/Utilization Study**

A. The total labor force is 108,265 in the following county(counties):

Oneida \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The labor force includes:\*

**Minorities**

African American	<u>5,200</u>	<u>4.8</u>	%
Hispanic	<u>4,720</u>	<u>4.36</u>	%
Other Minorities**	<u>5,415</u>	<u>5</u>	%
Total Minorities	<u>15,335</u>	<u>14.16</u>	%
<b>Women</b>	<u>52,165</u>	<u>48.18</u>	%

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: 14.16 %  
 Goal for Women: 6.9 %

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\* Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

\*\* Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

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

Title of Trade Toolmaker

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

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

**B. Projected Number of Apprentice Indentures\***

Year	20	24	25	26	27	28	Totals
New Positions							
Vacancies from Turnover**							
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:\*

Year	20	24	25	26	27	28	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is 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.

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

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

## 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 (<https://newyork.usnlx.com/>).
- 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.\*

### 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.

\* 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.\*
  
- 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.\*\*

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.

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

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