



NYSDOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

APR 10 2024

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: Rotork Controls, Inc
B. Trade(s): Electro-Mechanical Technician
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)*
D. Name of entity completing this form: Rotork Controls, Inc
E. Entity completing this form (check one): [x] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 675 Mile Crossing Blvd City/Town: Rochester State: NY Zip Code: 14624
G. Email: [redacted] H. Phone: (803) 218-8131 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? 66 years
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 2-13-2024

Print name and title: Steve Juhasz

Sworn to me this: 13th day of February, 2024 Signature of Notary Public or Commissioner of Deeds _____



NYS Department of Labor
Apprentice Training
APR 10 2024
Central Office



APR 10 2024

Central Office

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	47-564
Effective Date of AT Program	

- Name of Sponsor: Rotork Controls, Inc.
- Mailing Address: 675 Mile Crossing Blvd Rochester NY 14624 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (585) 247-2304 Ext. _____ Fax No.: _____
- E-mail Address: _____
- Trade/Occupation: Electro-Mechanical Technician
- No. Employees: 403 No. Apprentices: 0 No. Journeyworkers: 4 8. Ratio: 1:1;1:1
- DOT Code: ONET 17-3024.00 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$23.25 per hour 14. Effective Date of Wages: 3/5/24
- 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 checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" 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:	0-6	7-12	13-18	19-24	25-36	37-42	43-48			
Wage rate: or, percentage of the journeyworker rate:	18.00	18.50	19.00	19.50	20.00	20.50	21.00			

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

17. 3/5/24
Signature of Official Sponsor Representative Date
Chris Klasner - Regional Operations Director
Print Name and Title

18. 3/5/24
Signature of ~~Union~~ Representative Date
Zachary Shipley - Recruiter
Print Name, Title, and ~~Union Name~~

19. _____
Signature New York State Department of Labor

Received
Apprenticeship Unit
Date

WE ARE YOUR DOL



Sponsor Code _____
Trade Code 47-564

Related Instruction Availability

Trade: Electro-Mechanical Technician
Sponsor Name: Rotork Controls, Inc
Sponsor Representative: Cynthia Ott
Sponsor Address:
No. & Street: 675 Mile Crossing Blvd City: Rochester
County: Monroe State: NY Zip Code: 14624
Sponsor Telephone No.: (585) 247-2304
Proposed Number of Apprentices: 2

AT Office

Name: Western - Rochester
No. & Street: 276 Waring Rd
City: Rochester State: NY Zip Code: 14609
Apprentice Training Representative: Karen Collins Date Prepared: 2/9/24

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

School

Name: Monroe Community College
No. & Street: 2485 West Henrietta Road
City: Rochester State: NY Zip Code: 14623
School Representative Contact Information:
Name: Michael Smith
Telephone No.: (585) 685-6305 Email: [REDACTED] Department of Labor
Apprentice Training

APR 10 2024

School

Name: Finger Lakes Community College Central Office
No. & Street: 3325 Marvin Sands Dr
City: Canandaigua State: NY Zip Code: 14424
School Representative Contact Information:
Name: Todd Sloane
Telephone No.: (585) 785-1670 Email: [REDACTED]

DLEA

Name: Shawna Gareau-Kurtz/Jill Slavny - Monroe2 BOCES
No. & Street: Center for Workforce Development WEMOCO CTE Center 3589 Big Ridge Road
City: Spencerport Zip Code: 14559
Signature of DLEA: [REDACTED] Prepared: 2/20/24

WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

Sponsor Code: _____

Trade Code: 47-564

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Rotork Controls, Inc

Located at: (Address) 675 Mile Crossing Blvd Rochester, NY 14624

In presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 2

In the occupation of: (List Trade) Electro/Mechanical Tech

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

High School Diploma or Equivalent

Minimum Qualifications

Minimum Age: 18 Minimum Education: _____

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

N/A

(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: Candidates to have reliable transportation to and from the job site and classes at the approved schools

Other: Eligible to work in united states without sponsorship

Other: Drug Testing & Background is conducted after offer of employment and before enrollment into the program through Authentica at the expense of the sponsor

NYS Department of Labor
Apprentice Training

APR 10 2024

Application forms may be obtained: From: 04/01/2024 To: 07/01/2024

Central Office

Name: Rotork Controls, INC

Address: 675 Mile Crossing Blvd Rochester, NY 14624

Days: TBD Times: TBD

Phone: (585) 287-7096 Email: [REDACTED]

Special Instructions:

Apply at Rotork.Careers.com

Received
Apprenticeship Unit

FEB 16 2024

All Applications Must be (please check) Received Postmarked No Later Than: 07/01/2024 **ROCHESTER**

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Electro-Mechanical Technician
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>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	14		
<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	1		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10		
<input type="checkbox"/>	Other: _____	3		
Work Experience		Total		Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Trade Related Work Experience	8		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	4		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	3		
<input type="checkbox"/>	Other: _____	1		
Seniority		Total		Total
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	2		
<input type="checkbox"/>	Other: _____	2		
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>1</u> Ability to Communicate	16		
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	4		
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	4		
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	4		
<input type="checkbox"/>	Other: _____	4		
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

40	Total Score →
----	---------------

Rank _____

Evaluated by: _____ (Name)

Date: _____
NYS Department of Labor
Apprentice Training

Received
Apprenticeship Unit

Sponsor Name: Rotork Controls

FEB 16 2024

Sponsor Address: 675 Mile Crossing Blvd Rochester, NY 14624

APR 10 2024

WE ARE YOUR DOL



www.labor.ny.gov

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: _____

3/15/24

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

Date

Chris Klasner

Regional Operations Director

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Rotork Controls, Inc.

Sponsor Code _____

No. of Apprentices 0

Trade(s) Electro-Mechanical Technician

Trade Code(s) 47-564

AT 602 (12/21)

NYS Department of Labor
Apprentice Training

APR 10 2024

Central Office

Received
Apprenticeship Unit

MAR 05 2024

Buffalo