



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

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions APR 05 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: SBNY Electrical LLC
B. Trade(s): Electrician
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: SBNY Electrical LLC
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: 5833 57th Dr
City/Town: Maspeth State: NY Zip Code: 11378
G. Email: [redacted] H. Phone: 917-295-1343 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):
[ ] Corporation [ ] Partnership [ ] Sole-Proprietor [x] LLC [ ] LLP [ ] Other
N. How many years has your organization been in business? 3
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 SB
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 SB
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?.....  Yes  No SB  
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?  Yes  No SB
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 SB  
 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 SB

**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.

Szymon Banach 02/27/2024  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: SZYMON BANACH, PRESIDENT

Sworn to me this: 27<sup>th</sup> day of February 2024 Barbara Levy  
 Signature of Notary Public or Commissioner of Deeds



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## Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only
AT Sponsor No.
ATP Code <u>17-072</u>
Effective Date of AT Program

1. Name of Sponsor: SBNY Electrical LLC
2. Mailing Address: 5833 57th Dr Maspeth NY 11378 Queens  
(number & street) (city) (state) (zip code) (county)
3. Actual Address: Same as Above  
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 917-925-1343 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Trade/Occupation: Electrician
7. No. Employees: 4 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1;1:3
9. DOT Code: \_\_\_\_\_ 10. Length of Program: 60 months
11. Apprentice Probationary Period: 12 MONTHS 12. Work process: Standard  or Revised
13. Minimum Journeyworker Rate: \$ 35.00 per hour 14. Effective Date of Wages: 03/15/2024

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"/>
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 checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>
<small>0-6 months</small>	<small>7-12 months</small>	<small>13-18 months</small>	<small>19-24 months</small>	<small>25-30 months</small>	<small>31-36 months</small>	<small>37-42 months</small>	<small>43-48 months</small>	<small>49-54 months</small>	<small>55-60 months</small>
<b>\$18.00</b>	<b>\$18.50</b>	<b>\$19.50</b>	<b>\$20.50</b>	<b>\$21.50</b>	<b>\$22.50</b>	<b>\$23.50</b>	<b>\$25.50</b>	<b>\$27.50</b>	<b>\$32.00</b>

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

17. Szymon Banach 02/28/2024 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
SZYMON BANACH, President \_\_\_\_\_  
Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

# WE ARE YOUR DOL



Department  
of Labor

Apprenticeship Training Program

Sponsor Code \_\_\_\_\_

Trade Code ~~47-210-00~~ 17-072

## Related Instruction Availability

Trade: Electrician

Sponsor Name: SBNY Electrical LLC

Sponsor Representative: Szymon Banach

Sponsor Address:

No. & Street: 5833 57th Dr

City: Maspeth

County: Queens

State: NY

Zip Code: 11378

Sponsor Telephone No.: 917-295-1343

Proposed Number of Apprentices: 1

AT Office

Name: NYS DEPT of Labor

No. & Street: 199 Church Street, 3rd Floor

City: New York

State: NY

Zip Code: 10007

Apprentice Training Representative: Daniel Paris Date Prepared: 3/21/24

Related instruction is not available.

Related instruction is available at:

School

Name: Penn Foster Career School

No. & Street: 925 Oak Street

City: Scranton

State: PA

Zip Code: 18515

School Representative Contact Information:

Name: Harold J. Ayers, Penn Foster B2B

Telephone No.: 800-672-9377

Email:

NYS Department of Labor  
Apprentice Training

School

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

APR 05 2024

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Central Office

School Representative Contact Information:

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

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

DLEA

Name: Emerald Robots NYC DEPT of ED Citywide Office D79

No. & Street: 90-01 Sutphin Blvd 2nd Fl Rm 729

City: Jamaica

State: NY

Zip Code: 11435

Signature of DLEA

Date Prepared: 2/1/24



APR 05 2024

Apprenticeship Agreement

Sponsor No. \_\_\_\_\_ ATP Code 17-012

I. Apprenticeship Agreement

	1. Name of Program Sponsor <b>SBNY Electrical LLC</b>		
	Physical address of Program Sponsor (no. and street) <b>5833 57th Dr</b>		
	City	County	State Zip code
	<b>Maspeth, Queens, NY 11378</b>		
	Mailing address of Program Sponsor (no. and street) <b>5833 57th Dr</b>		
City County State Zip code <b>Maspeth, Queens, NY 11378</b>			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <b>Electrician</b>			
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) <b>60</b>	5. DOL Apprentice Probation Period for Completion Rates (Months) <b>12 MONTHS</b>
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <b>Penn Foster Career School, 925 Oak Street, Scranton, PA 18515</b>		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate <b>\$35.00</b>
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____			

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
0-6 months	7-12 months	13-18 months	19-24 months	25-30 months	31-36 months	37-42 months	43-48 months	49-54 months	55-60 months
\$18.00/h	\$18.50/h	\$19.50/h	\$20.50/h	\$21.50/h	\$22.50/h	\$23.50/h	\$25.50/h	\$27.50/h	\$32.00/h

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.



02/28/24 Date

Suzanne Bourne Signature of Official Sponsor Representative

02/28/2024 Date

Registered by the New York State Department of Labor:

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 \_\_\_\_\_

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of Official Sponsor Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
 Apprentice has not satisfied the RI requirements.

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of DLEA Representative \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_



### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: SBNY Electrical LLC

Located at: (Address) 5833 57th Dr, Maspeth, NY 11378

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

In the occupation of: (List Trade) Electrician

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~~ equivalent  
Minimum Age: 18 Minimum Education: Such as TASC or GED

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:

Other:

Other:

NYS Department of Labor  
Apprentice Training

APR 05 2024

Central Office

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

Name: Szymon Banach

Address: 5833 57th Dr, Maspeth, NY 11378

Days: M-F Times: 9-5pm

Phone: 917-925-1343 Email:

Special Instructions:

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

### Selection Standards and Evaluations

Name of Candidate: \_\_\_\_\_ Trade: Electrician

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

Only those checked apply.																															
<p><b>Educational Achievement</b></p> <p><input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities</p> <p><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</p> <p><input checked="" 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>30</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>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>	30			<b>Total</b>		10					10					10								
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<p><b>Work Experience</b></p> <p><input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Trade Related Work Experience</p> <p><input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Active Military Experience</p> <p><input checked="" type="checkbox"/> <u>5</u> Points for Each Year of General Work Experience</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>Total</b></td> <td>30</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<b>Total</b>	30			<b>Total</b>		10					10					10													
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<p><b>Seniority</b></p> <p><input type="checkbox"/> _____ Points for Each Year of Employment with The Sponsoring Firm</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<b>Total</b>				<b>Total</b>																									
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<p><b>Job Aptitude</b></p> <p><input type="checkbox"/> _____ Name of Aptitude Test: _____ Administered by _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>Total</b></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td></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> <tr> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> </tbody> </table>	<b>Total</b>				<b>Total</b>																									
<b>Total</b>				<b>Total</b>																											
<p><b>Oral Interview: Not to Exceed 40% of Total Score</b></p> <p><input checked="" type="checkbox"/> <u>0-10</u> Ability to Communicate</p> <p><input checked="" type="checkbox"/> <u>0-10</u> Willingness to Accept Obligation of Apprenticeship</p> <p><input checked="" type="checkbox"/> <u>0-10</u> Ability to Reason and Comprehend</p> <p><input checked="" type="checkbox"/> <u>0-10</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>40</td> <td style="background-color: #cccccc;"></td> <td></td> <td><b>Total</b></td> </tr> <tr> <td></td> <td>10</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</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>	40			<b>Total</b>		10					10					10					10								
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Total Allowable Points →

	Total Score →	
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Rank \_\_\_\_\_

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

Sponsor Name: SBNY Electrical NYS Department of Labor  
Apprentice Training

Sponsor Address: 5833 57th Dr, Maspeth, NY 11378 APR 05 2024

# WE ARE YOUR DOL



Department  
of Labor

[www.labor.ny.gov](http://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: Szymon Banach 02/28/2024  
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

SZYMON BANACH

PRESIDENT

Print Name and Title

Approved by: \_\_\_\_\_  
New York State Department of Labor Date

Sponsor Name SBNY Electrical Sponsor Code \_\_\_\_\_ No. of Apprentices 1

Trade(s) Electrician Trade Code(s) 17-072

NYS Department of Labor  
Apprentice Training

AT 602 (12/21)

APR 05 2024

Central Office