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New York State
 Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

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: Utica First Insurance Company
- B. Trade(s): Security Analyst (competency), Junior Accountant, Software Developer, Network Administrator, HR Associate
- C. Type of Apprenticeship Training Program (check one):
 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
Computer Support Technician
- *For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.
- D. Name of entity completing this form: Utica First Insurance Company
- 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: 5981 Airport Road
 City/Town: Oriskany State: NY Zip Code: 13424
- G. Email: _____ H. Phone: (315) 736-8211 I. Fax: _____
- 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? Yes No
- M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation Partnership Sole-Proprietor LLC LLP Other
- N. How many years has your organization been in business? 120
- 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.
- 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 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 No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... Yes No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law?..... Yes 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] 5/24/23
Date
Signature of CEO, Chair, or representative granted legal authority to bind the Entity

Print name and title: Scott Shatraw, President & CEO

Sworn to me this: 24th day of May Jennifer L Cassevah
Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

JENNIFER L CASSEVAH
Notary Public - State of New York
No. 01CA6443190
Qualified in Oneida County
My Commission Expires 10/31/2026

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2 of 4

Apprentice Training Program Registration Agreement

Revision

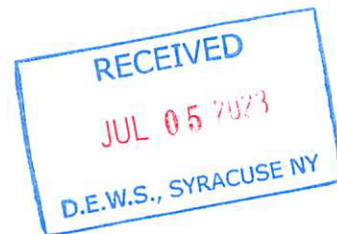
Nature of Change: New Program Application

| State Use Only | |
|------------------------------|----------------|
| AT Sponsor No. | |
| ATP Code | <u>90-5620</u> |
| Effective Date of AT Program | |

- Name of Sponsor: Utica First Insurance Company
- Mailing Address: 5981 Airport Road Oriskany NY 13424 Oneida
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as Above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-736-8211 (x)3002 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Software Developer
- No. Employees: 130 No. Apprentices: 1 No. Journeyworkers: 1 8. Ratio: 1:1,1:1
- DOT Code: 030.062-010 10. Length of Program: Gomp 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 60,000 per year 14. Effective Date of Wages: 03/14/2023

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 checked="" type="checkbox"/> | M <input checked="" 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"/> 0-750 | H <input checked="" type="checkbox"/> 751-2000 | 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"/> |
| 57,000 | 58,140 | | | | | | | | |



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

17. Nicole C. Manley 06/07/2023 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
 Nicole C. Manley, HR Manager
 Print Name and Title Print Name, Title, and Union Name

19. _____ Date
 Signature New York State Department of Labor

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Sponsor Code _____

Trade Code 90-562

Apprenticeship Training Program

Related Instruction Availability

Trade: Software Developer

Sponsor Name: Utica First Insurance Company

Sponsor Representative: Nicole Manley

Sponsor Address:

No. & Street: 5981 Airport Road City: Oriskany

County: Oneida State: NY Zip Code: 13424

Sponsor Telephone No.: 315-736-8211 ext. 3002

Proposed Number of Apprentices: 1

AT Office

Name: Central Region

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

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 8/16/23

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: _____

Telephone No.: 315-792-5400 Email: _____

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA _____ Date Prepared: _____

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 90-562

Form containing fields for Program Sponsor (Utica First Insurance Company), Physical address (5981 Airport Road), Trade (Software Developer), and other details.

Table for Apprentice Wage Progression (Without Benefits) for each Period. Columns 1-10, rows for wage and progression.

Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form. Includes date 7/19/2023 and signature of official sponsor representative.

Registered by the New York State Department of Labor:

State Use Only box with fields for Date and Init. for To ATC, To DLEA, Rank Verify, and 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 [] Quit [] Layoff [] Program Termination [] Transfer

Completion or Termination Date _____

Comments _____

State Use Only box with fields for Date and Init. for To ATC, To DLEA, and 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 box with fields for Date and Init. for To ATC, To DLEA, and Data Entry.

Signature of DLEA Representative _____ Date _____ Print Name _____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Utica First Insurance Company

Located at: (Address) 5981 Airport Road Oriskany, NY 13424

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Software Developer

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 (TASC or GED)

Minimum Age: 18 Minimum Education: _____

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

Ability to sit for long periods of time due to the nature of the job per written attestation.

(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: Ability to lift up to 50 pounds regularly per written attestation.

Other: Sit, stand, bend, push and pull throughout duration of the day, per verbal attestation.

Other: Background check required after offer of employment. Drug testing, paid for by sponsor, required at random per employee code of conduct.

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

Name: _____

Address: _____

Days: _____ Times: _____

Phone: _____ Email: [REDACTED]

Special Instructions:

Positions are posted online at uticafirst.com/careers/
Follow the directions within the posting on how to apply.

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

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Software Developer

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

| Only those checked apply. | | Maximum Points Allowable | Number of Years Credited | Score |
|---|--|--------------------------|--------------------------|-------|
| Educational Achievement | | | | |
| <input checked="" type="checkbox"/> | <u>2</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities | 16 | | |
| <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 | 4 | | |
| <input checked="" type="checkbox"/> | <u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed | 4 | | |
| <input type="checkbox"/> | Other: _____ | 8 | | |
| | | | | |
| Work Experience | | | | |
| <input checked="" type="checkbox"/> | <u>4</u> Points for Each Year of Trade Related Work Experience | 24 | | |
| <input checked="" type="checkbox"/> | <u>3</u> Points for Each Year of Active Military Experience | 12 | | |
| <input checked="" type="checkbox"/> | <u>2</u> Points for Each Year of General Work Experience | 9 | | |
| <input type="checkbox"/> | Other: _____ | 6 | | |
| | | | | |
| Seniority | | | | |
| <input checked="" type="checkbox"/> | <u>5</u> Points for Each Year of Employment with The Sponsoring Firm | 15 | | |
| <input type="checkbox"/> | Other: _____ | 15 | | |
| | | | | |
| Job Aptitude | | | | |
| <input type="checkbox"/> | Name of Aptitude Test: _____ | | | |
| | Administered by _____ | | | |
| <input type="checkbox"/> | Other: _____ | | | |
| | | | | |
| Oral Interview: Not to Exceed 40% of Total Score | | | | |
| <input checked="" type="checkbox"/> | <u>1-5</u> Ability to Communicate | 20 | | |
| <input checked="" type="checkbox"/> | <u>1-5</u> Willingness to Accept Obligation of Apprenticeship | 5 | | |
| <input checked="" type="checkbox"/> | <u>1-5</u> Ability to Reason and Comprehend | 5 | | |
| <input checked="" type="checkbox"/> | <u>1-5</u> Interest and Motivation | 5 | | |
| <input type="checkbox"/> | Other: _____ | | | |
| <input type="checkbox"/> | Other: _____ | | | |

Total Allowable Points →

| | | |
|----|---------------|--|
| 75 | Total Score → | |
|----|---------------|--|

Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Utica First Insurance Company

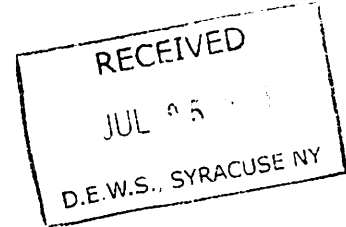
Sponsor Address: 5981 Airport Road Oriskany, NY 13424

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Department of Labor

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: Nicole C Manley 05/24/2023
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Nicole C. Manley Human Resources Manager
Print Name and Title

Approved by: _____ Date _____
New York State Department of Labor

Sponsor Name Utica First Insurance Co. Sponsor Code _____ No. of Apprentices _____

Trade(s) Security Analyst (Comp), Junior Accountant Trade Code(s) 90-573C, 73-585, 90-562, 90-576C, 90-559
Network Administrator, Software Developer,
AT 602 (12/21) Computer Support Tech, Human Resources Assoc.