



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

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: START ELEVATOR LLC
B. Trade(s): ELEVATOR / ESCALATOR CONSTRUCTOR MODERNIZER
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: START ELEVATOR 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: 4350 BULLARD AVE
City/Town: BRONX State: NY Zip Code: 10466
G. Email: [REDACTED] H. Phone: (718) 324-9166 I. Fax: (718) 324-9253
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?
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.

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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.

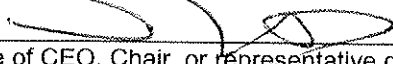
Section III

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.

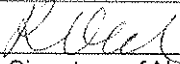
The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes 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

03/31/21
 Date

Print name and title: JOHN O'SHEA PRESIDENT

Sworn to me this: 7 day of April


 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

KIMBERLEY OLCHIN
 Notary Public - State of New York
 No. 01OL6401374
 Qualified in Queens County
 My Commission Expires Dec. 09, 2023

NYS Department of Labor
 Apprentice Training

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: _____

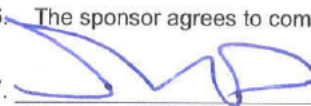
State Use Only
AT Sponsor No.
ATP Code
Effective Date of AT Program

1. Name of Sponsor: START ELEVATOR LLC
2. Mailing Address: 4350 BULLARD AVE NEW YORK NEW YORK 10466 BRONX
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 4350 BULLARD AVE NEW YORK NEW YORK 10466 BRONX
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 718-324-9166 Ext. _____ Fax No.: 718-324-9253
5. E-mail Address: _____
6. Trade/Occupation: ELEVATOR / ESCALATOR CONSTRUCTOR AND MODERNIZER
7. No. Employees: 130 No. Apprentices: 4 No. Journeyworkers: 97 8. Ratio: 1-1 1-2
9. DOT Code: 825.361-010 10. Length of Program: 48 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: 1/1/2020

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 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"/>
1-8	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

17.  3/31/21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
JOHN O'SHEA PRESIDENT _____
 Print Name and Title Print Name, Title, and Union Name

19. _____ Date
 Signature New York State Department of Labor

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Central Office

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Apprenticeship Agreement

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I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

Name of Apprentice (Last, First, M.I.) Fernandez, Sebastian		1. Name of Program Sponsor START ELEVATOR LLC			
[Redacted]		Physical address of Program Sponsor (no. and street) 4350 BULLARD AVE			
		City	County	State	Zip code
		NEW YORK,	BRONX,	NY	10466
[Redacted]		Mailing address of Program Sponsor (no. and street) 4350 BULLARD AVE			
		City	County	State	Zip code
		NEW YORK,	BRONX,	NY	10466
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) START ELEVATOR LLC, BRONX N.Y.		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid ELEVATOR/ESCALATOR CONSTRUCTOR AND MODERNIZER			
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):		3. Start Date			
[Redacted]		4. Length of program (Months) 48			
[Redacted]		5. DOL Apprentice Probation Period for Completion Rates (Months) 12			
[Redacted]		7. Minimum Journey-Worker Rate \$35.00			

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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 2/12/21
 Signature of Official Sponsor Representative: [Signature] Date: 3/31/21

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

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.

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



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Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

Name of Apprentice (Last, First, M.I.)
O'Grady, Peter
Central Office

1. Name of Program Sponsor
START ELEVATOR LLC

Physical address of Program Sponsor (no. and street)
4350 BULLARD AVE

City County State Zip code
NEW YORK, BRONX, NY 10466

Mailing address of Program Sponsor (no. and street)
4350 BULLARD AVE

City County State Zip code
NEW YORK, BRONX, NY 10466

2. Trade: Time-based Competency-based Hybrid
ELEVATOR/ESCALATOR CONSTRUCTOR AND MODERNIZER

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
48 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
START ELEVATOR LLC, BRONX N.Y. RI Compensated Yes No 7. Minimum Journey-Worker Rate \$35.00

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer 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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 2/4/21 Signature of Official Sponsor Representative: [Signature] Date: 3/31/21

Registered by the New York State Department of Labor:

Signature New York State Department of Labor: _____ Date: ____/____/____

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.

Signature of DLEA Representative _____ Date _____ Print Name _____

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

APR 20 2021 **Apprenticeship Agreement**

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

Name of Apprentice (Last, First, M.I.)
Leonel Olivia

1. Name of Program Sponsor
START ELEVATOR LLC

Physical address of Program Sponsor (no. and street)
4350 BULLARD AVE

City County State Zip code
NEW YORK, BRONX, NY 10466

Mailing address of Program Sponsor (no. and street)
4350 BULLARD AVE

City County State Zip code
NEW YORK, BRONX, NY 10466

2. Trade: Time-based Competency-based Hybrid
ELEVATOR/ESCALATOR CONSTRUCTOR AND MODERNIZER

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
 _____ **48** **12**

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
START ELEVATOR LLC, BRONX N.Y.

RI Compensated Yes No 7. Minimum Journey-Worker Rate
\$35.00

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer 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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

Leonel Oliva 2/11/2021 [Signature] 3/30/21
 Signature of Apprentice and Parent/Guardian if age 16-17 Date Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor Date

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 _____

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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.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

 Signature of DLEA Representative Date Print Name

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



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Apprenticeship Agreement

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I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 18-541

Name of Apprentice (Last, First, M.I.)
Rodriguez, Joseph

1. Name of Program Sponsor
START ELEVATOR LLC

Physical address of Program Sponsor (no. and street)
4350 BULLARD AVE

City County State Zip code
NEW YORK, BRONX, NY 10466

Mailing address of Program Sponsor (no. and street)
4350 BULLARD AVE

City County State Zip code
NEW YORK, BRONX, NY 10466

2. Trade: Time-based Competency-based Hybrid

ELEVATOR/ESCALATOR CONSTRUCTOR AND MODERNIZER

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
48 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
START ELEVATOR LLC, BRONX N.Y.

RI Compensated Yes No
7. Minimum Journey-Worker Rate
\$35.00

8. Credit for previous training or experience: Months Points Sections
 Reinstatement Vocational Education Transfer 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
1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48		
50%	55%	60%	65%	70%	75%	80%	85%		

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

Signature of Apprentice and Parent/Guardian if age 16-17
Julia Rabeza

Date
2/8/21

Signature of Official Sponsor Representative
[Signature]

Date
3/31/21

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

State Use Only

To ATC	Date	Init.
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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only

To ATC	Date	Init.
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.

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

Signature of DLEA Representative

Date

Print Name

State Use Only

To ATC	Date	Init.
To DLEA		
Data Entry		

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Sponsor Code _____
Trade Code ATP 18-541

Related Instruction Availability

Trade: ELEVATOR / ESCALATOR CONSTRUCTOR AND MODERNIZER
Sponsor Name: START ELEVATOR LLC
Sponsor Representative: JOHN O'SHEA
Sponsor Address:
No. & Street: 4350 BULLARD AVE City: NEW YORK
County: BRONX State: NEW YORK Zip Code: 10466
Sponsor Telephone No.: 718-324-9166
Proposed Number of Apprentices: FOUR

AT Office

Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
Apprentice Training Representative: _____ Date Prepared: _____

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

School

Name: START ELEVATOR LLC
No. & Street: 4350 BULLARD AVE
City: NEW YORK State: NEW YORK Zip Code: 10466
School Representative Contact Information:
Name: KEVIN SHEA
Telephone No.: 718-324-9166 Email: KEVIN@STARTELEVATOR.COM

School

Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____

DLEA

Name: _____
No. & Street: _____
City: _____ State: _____ Zip Code: _____
Signature of DLEA _____ Date Prepared: _____

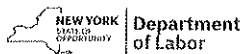
NYS Department of Labor
Apprentice Training

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Central Office

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code ATP 18-541

START ELEVATOR LLC _____, located at

(Sponsor)

4350 BULLARD AVE, BRONX, N.Y. 10466 _____

(Address)

is presently accepting applications for an estimated FOUR _____ apprentice training positions in
(No. of Openings)

the occupation of ELEVATOR / ESCALATOR CONSTRUCTOR AND MODERNIZER _____

(Trade)

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

Minimum Qualifications

Minimum Age: 18 _____

Minimum Education: HIGH SCHOOL, GED OR TASC HIGH SCHOOL EQUIVALENCY _____

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: MUST BE CAPABLE OF PERFORMING PHYSICAL REQUIREMENTS OF TRADE WHICH ARE LIFTING UP TO 75 LBS, CLIMBING LADDERS UP TO 25 FT., WORKING FROM HEIGHTS UP TO 100 FT _____

Other: APPLICANT IS RESPONSIBLE FOR TRANSPORTATION TO DIFFERENT JOBSITES AND RELATED CLASSROOM INSTRUCTION _____

Other: _____

Application Forms may be obtained from: From: _____ To: _____

Name: START ELEVATOR LLC _____ Days: _____

Address: 4350 BULLARD AVE _____ Times: _____

BRONX, N.Y. 10466 _____

Phone Number: (718) 324-9166 _____ Email Address: _____

Special Instructions: After an offer of employment, must submit proof of age and educational requirements. _____

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

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Sponsor Code _____
Trade Code(s) ATP 18-541 _____

Central Office

Selection Standards and Evaluations

Name of Candidate	Trade ELEVATOR / ESCALATOR CONSTRUCTOR AND MODERNIZER		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement <input checked="" type="checkbox"/> 5 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 5 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2.5 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	25			Total
		10			
		10			
		5			
Work Experience <input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 2.5 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 2.5 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	20			Total
		10			
		5			
		5			
Seniority <input checked="" type="checkbox"/> 5 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	15			Total
		15			
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ <input type="checkbox"/> Administered by _____ <input type="checkbox"/> Other _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 1-10 Ability to Communicate <input checked="" type="checkbox"/> 1-10 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1-10 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1-10 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	40			Total
		10			
		10			
		10			
		10			

Total Allowable Points → 100 Total Score →

Rank _____

Evaluated by _____ Name _____ Date _____

Sponsor Name START ELEVATOR LLC

Sponsor Address 4350 BULLARD AVE, BRONX, NY, 10466

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Department
of Labor

www.labor.ny.gov

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Central Office

**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 (www.newyork.us.jobs/) 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 (www.newyork.us.jobs/).
- Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: _____

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

3/31/21
Date

JOHN O'SHEA

PRESIDENT

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name START ELEVATOR LLC

Sponsor Code _____

No. of Apprentices FOUR

Trade(s) Elevator/Escalator Constructor and Modernizer

Trade Code(s) ATP 18-541