



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

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

NYS Department of Labor Apprenticeship Training

AUG 09 2021

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: Staten Island Performing Provider System
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [X] 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: Staten Island Performing Provider System
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [] JAC/JATC [X] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 1 Edgewater Plaza Suite 700
City/Town: Staten Island State: NY Zip Code: 10305
G. Email: [REDACTED] H. Phone: (917) 830-1141 I. Fax: (917) 830-1179
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 [] LLC [] LLP [X] Other
N. How many years has your organization been in business? 6
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
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 Joseph Conte CEO, Chair, or representative granted legal authority to bind the Entity 7/21/2021 Date

Print name and title: Joseph Conte, Executive Director

Sworn to me this: 21 day of July 2021 Edina Kolenovic Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

NYS Department of Labor
Apprenticeship Training
AUG 09 2021
Central Office

EDINA KOLENOVIC
NOTARY PUBLIC-STATE OF NEW YORK
No. 01K06368742
Qualified in Orange County
Commission Expires 12-15-2021

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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 |

- Name of Sponsor: Staten Island Performing Provider System
- Mailing Address: 1 Edgewater Plaza Staten Island NY 10305 Richmond
(number & street) (city) (state) (zip code) (county)
- Actual Address: 1 Edgewater Plaza Staten Island NY 10305 Richmond
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 917-830-1141 Ext. _____ Fax No.: 917-830-1179
- E-mail Address: [REDACTED]
- Trade/Occupation: Certified Nursing Assistant
- No. Employees: 20 No. Apprentices: 10 No. Journeyworkers: 10 8. Ratio: 1:1, 1:1
- DOT Code: _____ 10. Length of Program: 6-12 months
- Apprentice Probationary Period: 4 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 20 per hr 14. Effective Date of Wages: July 28, 2021

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 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"/> |
| Per AT 401 | Per AT 401 | | | | | | | | |

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

17. Joseph Conte 7/28/21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
 Joseph Conte, Executive Director
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

NYS Department of Labor
 Apprentice Training
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 Central Office

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Apprenticeship Training Program

Sponsor Code _____

Trade Code _____

Related Instruction Availability

Trade: Certified Nursing Assistant

Sponsor Name: Staten Island Performing Provider System

Sponsor Representative: Joseph Conte

Sponsor Address:

No. & Street: 1 Edgewater Plaza Suite City: Staten Island

County: Richmond State: NY Zip Code: 10305

Sponsor Telephone No.: 917-830-1141

Proposed Number of Apprentices: 10

AT Office

Name: NYC Apprenticeship Office

No. & Street: 9 Bond Street 4th floor, RM 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Represent [Redacted] Date Prepared: 8/2/2021

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

School

Name: College of Staten Island

No. & Street: 2800 Victory Blvd

City: Staten Island State: NY Zip Code: 10314

School Representative Contact Information:

Name: Jasmine Cardona

Telephone No.: 718-982-2420 Email: [Redacted]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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DLEA

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Name: _____

No. & Street: _____

Central Office

City: _____ State: _____ Zip Code: _____

Signature of DLEA _____ Date Prepared: _____

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Department of Labor

www.labor.ny.gov

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code _____

Staten Island Performing Provider System

, located at

(Sponsor)

1 Edgewater Plaza Suite 700 Staten Island, NY, 10305

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in (No. of Openings)

the occupation of Certified Nursing Assistant

(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 Diploma, 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: Must have reliable transportation to and from job site and related instruction class.

Other: N/A

Other: N/A

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

Central Office

Name: _____

Days: _____

Address: _____

Times: _____

Phone Number: _____

Email Address: _____

Special Instructions: _____

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

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Department
of Labor

Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

| | | | |
|-------------------|--------------------------------------|-------|-----|
| Name of Candidate | Trade Certified Nursing Assistant | | |
| Address | City | State | Zip |

| Only those checked apply. | | Maximum Points Allowable | Number of Years Credited | Score | | |
|---|--------------|--------------------------|--------------------------|-------|--------------|--|
| Educational Achievement <input checked="" type="checkbox"/> 10 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 10 Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 10 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other N/A | Total | 30 | | | Total | |
| | | 10 | | | | |
| | | 10 | | | | |
| | | 10 | | | | |
| | | | | | | |
| Work Experience <input checked="" type="checkbox"/> 10 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 10 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 10 Points for Each Year of General Work Experience <input type="checkbox"/> Other | Total | 30 | | | Total | |
| | | 10 | | | | |
| | | 10 | | | | |
| | | 10 | | | | |
| | | | | | | |
| Seniority <input checked="" type="checkbox"/> 10 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other | Total | 10 | | | Total | |
| | | 10 | | | | |
| | | | | | | |
| Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> Other _____ | Total | | | | Total | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 1-5 Ability to Communicate <input checked="" type="checkbox"/> 1-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1-5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ | Total | 20 | | | Total | |
| | | 5 | | | | |
| | | 5 | | | | |
| | | 5 | | | | |
| | | 5 | | | | |
| | | | | | | |

Total Allowable Points **→**

| | | |
|----|---------------|--|
| 90 | Total Score → | |
|----|---------------|--|

Rank _____

Evaluated by _____ Name _____ Date _____

Sponsor Name _____

Sponsor Address _____

NYS Department of Labor
Apprentice Training

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Department of Labor

Sponsor Code _____
Trade Code(s) 80-524
89-561-H

New York State Department of Labor

Apprentice Training Program Affirmative Action Plan

- New Program
- Amended
- Renewal

To be Administered by: Staten Island Performing Provider System
Sponsor's Name

Address: _____
1 Edgewater Plaza Suite 700
Staten Island _____ 10305
Zip Code

Plan is Effective From: 07/06/2021 To: 07/05/2026
Date Date

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

Signature of Sponsor: Joseph Conte _____ 7/28/21
Date
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Print Name: Joseph Conte

Title: Executive Director

Do not write below this line.

Approved by: _____
NYS Department of Labor Date

Title: _____

Part I – Equal Opportunity Standards

- A. Provide a brief description of the nature and extent of the Sponsor's business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.

Staten Island Performing Provider System (SI PPS) is an alliance of clinical and social service providers focused on improving the quality of care and overall health for Staten Island's Medicaid and uninsured populations, which include more than 180,000 Staten Island residents.

SI PPS was founded as one of 25 groups across the state working on the New York State Department of Health's Delivery System Reform Incentive Payment (DSRIP) program.

Our network of partners includes skilled nursing facilities, behavioral health providers, home health care agencies and a wide range of community-based clinical facilities, treatment centers, social service and community organizations, primary care physicians and medical practices across the island.

B. Equal Opportunity Pledge

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following **Equal Opportunity Pledge**:

The recruitment, selection, employment, and training of apprentices during their 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, and 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.

C. Affirmative Action Policy Statement /1

Attach a statement of the sponsor's affirmative action policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

D. Sexual Harassment Policy Statement /1

Attach a statement of the sponsor's sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and/or Sexual Harassment Policy Statement should contact the New York Department of Labor's Division of Equal Opportunity Development.

Part III – Current and Projected Staffing and Annual Goals

Title of Trade [REDACTED]

A. Current Staffing in the Above Trade

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

B. Projected Number of Apprentice Indentures /1

| Year | 20 | 21 | 22 | 23 | 24 | 25 | Totals |
|----------------------------|----|----|----|----|----|----|--------|
| New Positions | | | | | | | |
| Vacancies from Turnover /2 | | | | | | | |
| Total Indentures | | | | | | | |

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows: /1

| Year | 20 | 21 | 22 | 23 | 24 | 25 | Totals |
|------------------|----|----|----|----|----|----|--------|
| African American | | | | | | | |
| Hispanic | | | | | | | |
| Other Minority | | | | | | | |
| Women | | | | | | | |
| Total Indentures | | | | | | | |

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

/1 Where no apprentice indentures are planned for a particular group or year, enter "0".

/2 Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).



Joseph G. Conte, PhD, CPHQ
Executive Director

Recruitment Letter for AT 603 Part IV

For Community Health Worker trade program as also indicate in Part IV – Action Plans and Requirements below is an outline of the phases and steps for recruitment and methods for selecting apprentices.

A. Outreach and Positive Recruitment Plan

Phase I -Employer engagement/recruitment

Step 1 - Recruitment events – employers learn nuts and bolts of apprenticeship program in general. They are provided with information and details on the benefits of participating in an apprenticeship program. Details are provided on the community health worker apprenticeship programs specifically.

Step 2 – Group and Individual presentations – employers that are interested participate in a group and/or individual in-person presentations/meetings to obtain the details on requirements for participating in the apprenticeship program.

Step 3 – Apprentice Profile - webinars- previously recorded webinars are made available to employers and live webinar presentations are conducted for employers that required additional information. All webinars and presentations include information on Apprentice Profile that includes detailed information on community health worker comparable role and competencies that employers might be looking for to recruit apprentices.

Phase II – Apprentice Recruitment by Employers

Step 4 – Employers select apprentices from either new hires, current/incumbent workers. Phone Conferences/email communications to begin paperwork – Sponsor and employers agree on number of apprentices being hired and/or incumbent workers, schedule of related instruction roll out, signing agreement forms and any other DOL required documentation.

Phase III – Implementation of Apprenticeship program –

Step 5 –incumbent workers or on-board new employees are accepted and begin apprenticeship program

Step 6 --Mentors/supervisors are selected that will participate as journeyman.

Step 7 – Mentor and Student Orientation – conduct mentor and student orientation before the implementation of the related instruction.

Sincerely,

Joseph Conte, PhD, CPHQ
Executive Director, SI PPS

NYS Department of Labor
Apprentice Training

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Central Office

Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).

An area-wide public recruitment will publicize the following information:

 - a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (www.newyork.us.jobs/).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached** to be submitted to the Commissioner of Labor for review and approval prior to being used. /1

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

/1 A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance

NYS Department of Labor
Apprentice Training

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. /1

- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

- 4. Alternative selection methods. /2

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and/or on Form AT 508, Selection Standards and Evaluations attached

/1 Sponsors are advised to keep all applications for a **minimum of one year**

/2 A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance

Part IV – Action Plans and Requirements (continued)

E. Notification and Appointment of Candidates for Apprenticeship.

It is agreed that whether selection is made from a certified list established by rank, random selection, list of current employees or union members, or alternative methods, the following notification procedure will prevail:

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure, Part 600.12.
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reasons for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure, Part 600.12.
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail, return receipt requested.
4. After the commencement of the term of an apprenticeship program, the program sponsors may appoint available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of such appointment will be in writing and shall be sent by certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

Part V – Discrimination Complaint Procedure

It is agreed that complaints will be filed in accordance with Part 600.12, Complaint Procedures, as defined under Equal Employment Opportunity in Apprenticeship Training Regulations.

Part VI – Distribution

Send the original Affirmative Action Plan to your Apprentice Training Representative