



JAN 26 2022

New York State

Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

Central Office

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: Syracuse City School District
- B. Trade(s): Teaching Assistant
- C. Type of Apprenticeship Training Program (check one):
 1. 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: _____
- 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: 725 Harrison Street
 City/Town: Syracuse State: NY Zip Code: 13210
- G. Email: [REDACTED] H. Phone: 315-435-4532 I. Fax: _____
- 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?..... 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? _____
- 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:

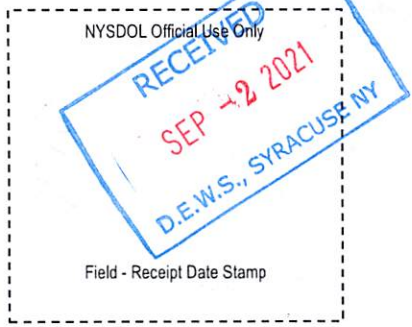
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Lisa A. Wade 7/28/2021
 Signature of CEO/Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Lisa A. Wade, Chief HR Officer

Sworn to me this: 28th day of July [Signature]
Signature of Notary Public or Commissioner of Deeds



LEISHA LEACH
 Notary Public, State of New York
 Qualified in Cayuga County
 No. 01LE6159390
 My Commission Expires January 16, 2023

NYS Department of Labor
 Apprenticeship Training
 JAN 26 2022
 Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program
New Trade

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

NYS Department of Labor
Apprentice Training

JAN 26 2022

Central Office Syracuse City School District

- 1. Name of Sponsor: 725 Harrison St Syracuse NY 13210 Onondaga
2. Mailing Address: (number & street) (city) (state) (zip code) (county)
3. Actual Address: same (number & street) (city) (state) (zip code) (county)
4. Telephone No.: 315-435-4532 Ext. Fax No.
5. E-mail Address:
6. Trade/Occupation: Teaching Assistant
7. No. Employees: 4,576 No. Apprentices: 0 No. Journeyworkers: 60 8. Ratio: 1:1
9. DOT Code: 10. Length of Program: months
11. Apprentices Probationary Period: 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$20,464 per year 14. Effective Date of Wages: 6/7/21

15. Apprentices wage progression for each period - in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M, H, Rate) for wage progression.



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

17. Signature of Official Sponsor Representative: Lisa A. Wade, Chief HR Officer Date: 7/28/2021
18. Signature of Union Representative Date

19. Signature New York State Department of Labor Date

JAN 26 2022



Sponsor Code _____
Trade Code _____

Related Instruction Availability

Trade: ^{Central Office} Teaching Assistant _____

Sponsor Name: Syracuse City School District _____

Sponsor Representative: Lisa Wade _____

Sponsor Address: _____

No. & Street: 725 Harrison St _____ City: Syracuse _____

County: Onondaga _____ State: NY _____ Zip Code: 13210 _____

Sponsor Telephone No.: 315-435-4532 _____

Proposed Number of Apprentices: _____

AT Office

Name: NYS Department of Labor - Apprenticeship Training _____

No. & Street: 450 S. Salina St Room 203 _____

City: Syracuse _____ State: NY _____ Zip Code: 13202 _____

Apprentice Training Representative: [REDACTED] _____ Date Prepared: _____

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: Onondaga Community College _____

No. & Street: 4585 W Seneca Turnpike _____

City: Syracuse _____ State: NY _____ Zip Code: 13215 _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

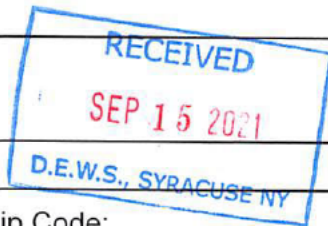
DLEA

Name: [REDACTED] _____

No. & Street: 573 E. Genesee St _____

City: Syracuse _____ State: NY _____ Zip Code: 13601 _____

Signature of DLEA [REDACTED] _____ Date Prepared: 9-9-21 _____





JAN 26 2022

Central Office

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Syracuse City School District

Located at: (Address) 725 Harrison St, Syracuse NY 13210

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 30

In the occupation of: (List Trade) Teaching Assistant

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: 188 Minimum Education: High School Diploma/GED/TASC

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

None

(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: Required to get finger printing through the Department of Education paid for by the apprentices.

Other: **Must be Level 1 Teacher Assistant Certified**

Other:

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

Name: Syracuse City School District

Address: 725 Harrison St, Syracuse NY 13210

Days: _____ Times: _____

Phone: (315) 435-4171 Email: [REDACTED]

Special Instructions:

Apply on-line at www.syracsuecityschools.com/jobs

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



Sponsor Code _____
Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate	Trade <u>Teaching Assistant</u>
Address	City State Zip

Only those checked apply.	Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement <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 <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 <input checked="" type="checkbox"/> <u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total 20		Total
Work Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total 20		Total
Seniority <input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total 20		Total
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"/> <u>10</u> Ability to Communicate <input checked="" type="checkbox"/> <u>10</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>10</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>10</u> Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total 40		Total

Total Allowable Points



100

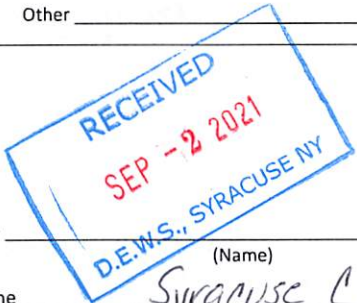
Total Score →

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Syracuse City School District

Sponsor Address 725 Harrison St, Syracuse NY 13210



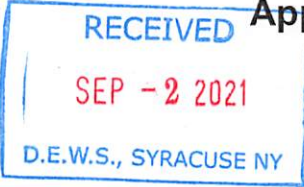
NYS Department of Labor
Apprentice Training

JAN 26 2022

Central Office



Sponsor Code _____
Trade Code(s) _____



Apprentice Training Program Affirmative Action Plan

New Program
 Amended
 Renewal

To be Administered by: Syracuse City School District
Sponsor's Name

Address: _____
725 Harrison Street
Syracuse, NY 13210
Zip Code

Plan is Effective From: _____ Date To: _____ Date

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

Signature of Sponsor: Lisa A. Wade 8/26/2021
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: Lisa A. Wade

Title: Chief Human Resource Officer

Do not write below this line.

Approved by: _____
NYS Department of Labor Date

Title: _____

NYS Department of Labor
Apprentice Training

JAN 26 2022

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.

The Syracuse City School District is a public school district based in Syracuse, New York. The school district is located in Onondaga County and contains 32 schools and approximately 20,906 students.

*NYS Department of Labor
Apprentice Training*

JAN 26 2022

Central Office

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 II – Labor Force Analysis/Utilization Study

A. The total labor force is 234,995 in the following county(counties):

Onondaga _____

The labor force includes: /1

Minorities

African American	<u>21,775</u>	<u>9.27</u>	%
Hispanic	<u>9,680</u>	<u>4.12</u>	%
Other Minorities /2	<u>12,790</u>	<u>5.44</u>	%
Total Minorities	<u>44,245</u>	<u>18.83</u>	%
Women	<u>115,355</u>	<u>49.09</u>	%

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

Goal for Total Minorities: 18.83 %
 Goal for Women: 6.9 %

NYS Department of Labor
Apprentice Training

JAN 26 2022

Central Office

NYS Department of Labor
Apprentice Training

JAN 26 2022

Central Office

/1 Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.
 /2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Teaching Assistant

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	<u>21-22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	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	<u>21-22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	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.

*NYS Department of Labor
Apprentice Training*

JAN 26 2022

Central Office

/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).

Part IV – Action Plans and Requirements

A. Outreach and Positive Recruitment Plan

Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

Outreach and Recruitment Activities:

- Attend local job fairs
- Marketing and announcements on local online job boards, news letters to community.
- Advertise with local newspapers, radio stations and TV stations.
- Signage on Centro Busses.
- Postings sent to YWCA, YMCA and community agencies.
- Postings sent to local churches, synagogues, and houses of worship.

Direct Entry Provider(s): (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)

NYS Department of Labor
Apprentice Training

JAN 26 2022

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.

NYS Department of Labor
Apprentice Training

JAN 26 2022

Central Office

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

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.

NYS Department of Labor
Apprentice Training

JAN 26 2022

Central Office

/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.

*NYS Department of Labor
Apprentice Training*

JAN 26 2022

Central Office