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: MACNY, Callahan Training Center, Inc.
B. Trade(s): 34-5187 Metal Stamping Press Operator
C. Type of Apprenticeship Training Program (check one):
*For sponsors of group programs only (3 and 4) – See instructions for signatory list submission information.
D. Name of entity completing this form: MACNY, The Manufacturers Association
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: 5788 Wadewaters Parkway
   City/Town: Syracuse
   State: NY Zip Code: 13214
G. Email: [Redacted] Phone: (315) 474-4201
H. 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? 10
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 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 of CEO, Chair, or representative granted legal authority to bind the Entity

Date

Print name and title: Laury Ferguson, Associate Director of Apprenticeship

Sworn to me this 23 day of December, 2021

Signature of Notary Public or Commissioner of Deeds

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022

Central Office

NYS Department of Labor Apprentice Training

Central Office

JAN 26 2022
New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision □
Nature of Change: New Trade Registration

MACNY, The Manufacturers Association

1. Name of Sponsor: (Redacted)
2. Mailing Address: 5700 Widewaters Parkway Syracuse NY 13214 Onondaga
3. Actual Address: Same
4. Telephone No.: 315-474-4201 Ext. 49
5. E-mail Address: (Redacted)

6. Trade/Occupation: Metal Stamping Press Operator (34-518)
8. Ratio: 1:1:1
9. DOT Code: 615.685-030
10. Length of Program: 36 months
11. Apprentice Probationary Period: 9 months
12. Work process: Standard □ or Revised □
13. Minimum Journeymen Rate: $ per AT-401
14. Effective Date of Wages: 01/06/21

15. Apprentice wage progression for each period – in months (M) or hours (H)

<table>
<thead>
<tr>
<th>Period</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
</tbody>
</table>

*Per AT-401

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: □
   Date: 1/1/21
18. Signature of Union Representative: □
   Date: □

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

JAN 26 2022

Central Office
Apprenticeship Agreement

1. Name of Program Sponsor:
   MACNY, The Manufacturers Association

Physical address of Program Sponsor (no, and street):
   5788 Widewaters Parkway

City: Syracuse
County: Onondaga
State: NY
Zip code: 13214

Mailing address of Program Sponsor (no, and street):
   110 Metalworks, 4855 Executive Dr.

City: Liverpool
County: Onondaga
State: NY
Zip code: 13088

2. Trade: [ ] Time-based [ ] Competency-based [ ] Hybrid

Metal Stamping Press Operator

3. Start Date: 12/23/21
4. Length of program (Months): 36
5. DOL Apprenticeship Probation Period for Completion Rates (Months): 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s):
   As per Group Sponsor (52218), AT-8 RI Availability

   [ ] Reinstatement [ ] Vocational Education [ ] Transfer [ ] Previous Experience (Employer name):
   110 Metalworks

7. Minimum Journey-Worker Rate: $25.00

8. Credit for previous training or experience: 6 Months

9. Apprentice Wage Progression (Without Benefits) for each Period.
   Choose one: [ ] Months [ ] Hours [ ] Points [ ] Sections

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-5</td>
<td>6-11</td>
<td>12-23</td>
<td>24-36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$17.00</td>
<td>$18.33</td>
<td>$20.99</td>
<td>23.85</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   [ ] Apprentice has satisfied the RI requirements. Completion date: ____________
   [ ] Apprentice has not satisfied the RI requirements.

   Signature of Official Sponsor Representative: ____________________________ Date: ____________

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

__________________________ Date: ____________
Signature of Apprentice and Parent/Guardian II age 16-17

Registered by the New York State Department of Labor:

__________________________ Date: ____________
Signature New York State Department of Labor

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:

__________________________ Date: ____________
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.

__________________________ Date: ____________
Signature of DLEA Representative

AT 401 (11/22) Must be returned within 30 days of receipt
WE ARE YOUR DOL

This AT-8 is to add a school to the existing AT-8 on file not replace it.

Apprenticeship Training Program

Related Instruction Availability

Trade: Metal Stamping Press Operator

Sponsor Name: MACNY, The Manufacturers Association

Sponsor Representative: Laury Ferguson

Sponsor Address:
No. & Street: 5788 Widewaters Parkway
County: Onondaga
City: Syracuse
State: NY
Zip Code: 13214

Sponsor Telephone No.: 315-474-4201

Proposed Number of Apprentices: __________

AT Office

Name: NYS Department of Labor

No. & Street: 450 S. Salina Street, Room 203
City: Syracuse
State: NY
Zip Code: 13202

Apprentice Training Representative: __________ Date Prepared: 12/14/21

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

School

Name: TPC Training

No. & Street: 750 W. Lake Cook Road, #350
City: Buffalo Grove
State: IL
Zip Code: 60089

School Representative Contact Information:
Name: Payton Parker
Telephone No.: (847) 808-4000
Email: __________

School

Name: NYS Department of Labor

Apprentice Training

No. & Street: __________
City: __________ State: __________ Zip Code: __________

School Representative Contact Information:
Name: __________
Telephone No.: __________ Email: __________

DLEA

Name: __________

No. & Street: 573 East Genesee Street
City: Syracuse
State: NY
Zip Code: 13202

Signature of DLEA __________ Date Prepared: 1-3-2022

AT 8 (4/19)
MACNY, The Manufacturers Association

5788 Widewaters Pkwy Syracuse, NY 13214

is presently accepting applications for an estimated ______ apprentice training positions in

the occupation of Metal Stamping Press Operator

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 or High School Equivalency (HSE) - GED/TASC

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

(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.)

Application Forms May be Obtained From:

Name: MACNY, The Manufacturers Association

Address:

5788 Widewaters Pkwy
Syracuse, NY 13214

Phone Number: (315) 474 - 4201

Dates: From: __________ To: __________

Days: Monday - Friday

Times: 9:00 AM - 5:00 PM

Email Address: [redacted]

Special Instructions:

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

AT 505 (04/16) See Instructions on Reverse Side
### Selection Standards and Evaluations

Name of Candidate: ________________________  Trade: Metal Stamping Press Operator
Address: ________________________  City: ________________________  State: ____  Zip: ________

#### Only those checked apply.

##### Educational Achievement
- [ ] 2.5  Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities  
- [ ] 2.5  Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities  
- [ ] 2  Points for Each Trade Related Adult or Continuing Education Course Completed  
- [ ]  Other: ________________

<table>
<thead>
<tr>
<th>Maximum Points Allowable</th>
<th>Number of Years Credited</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

##### Work Experience
- [ ] 2  Points for Each Year of Trade Related Work Experience  
- [ ] 2  Points for Each Year of Active Military Experience  
- [ ] 1  Points for Each Year of General Work Experience  
- [ ]  Other: ________________

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

##### Seniority
- [ ]  Points for Each Year of Employment with The Sponsoring Firm  
- [ ]  Other: ________________

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
</table>

##### Job Aptitude
- [ ]  Name of Aptitude Test: ________________  
- [ ]  Administered by: ________________  
- [ ]  Other: ________________

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
</table>

##### Oral Interview: Not to Exceed 40% of Total Score
- [ ] 0.5  Ability to Communicate  
- [ ] 0.5  Willingness to Accept Obligation of Apprenticeship  
- [ ] 0.5  Ability to Reason and Comprehend  
- [ ] 0.5  Interest and Motivation  
- [ ]  Other: ________________  
- [ ]  Other: ________________

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

### Total Allowable Points

70  

**Rank** ________________

Evaluated by: ________________________  Date: ________________________

Sponsor Name: MACNY, The Manufactures Association

Sponsor Address: 5788 Widewaters Parkway, Syracuse, NY 13214
New York State Department of Labor

Apprentice Training Program Affirmative Action Plan

☐ New Program  ☐ Amended  ☑ Renewal

To be Administered by (Sponsor's Name): MACNY, The Manufacturers Association

Address: 5788 Widewaters Parkway, Syracuse  State: NY  Zip: 13214

Plan is effective: From: 2/20/2022 To: 3/1/2027

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

Signature of Sponsor: __________________________ Date: 12/19/21

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: Randy Wolken

Title: President and CEO

Do not write below this line.

Approved by: __________________________ Date: __________________________

Title: NYS Department of Labor

NYS Department of Labor
Apprenticeship Training
DEC 28 2021
Central Office
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.

MACNY, The Manufacturers Association is a not for profit 501(c)(6) association representing 330 businesses and organizations across New York. They provide services such as skills training activities, advocacy, and human resources consultation. The group non-joint program has signatories in 17 counties currently with the potential to operate in 22 in the next 5 years.

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*

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*

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.

* 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 3,065,420 in the following county(ies):

<table>
<thead>
<tr>
<th>Franklin, St. Lawrence</th>
<th>Herkimer, Otsego, Oneida</th>
<th>Delaware, Chenango</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madison, Lewis, Jefferson, Oswego, Onondaga, Cortland, Tioga, Chemung</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tompkins, Monroe</td>
<td>Chautauqua, Nassau</td>
<td>Suffolk, Cayuga, Seneca</td>
</tr>
</tbody>
</table>

The labor force includes:

<table>
<thead>
<tr>
<th>Minority</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>232,610</td>
<td>7.59%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>330,525</td>
<td>10.78%</td>
</tr>
<tr>
<td>Other Minorities**</td>
<td>187,308</td>
<td>6.11%</td>
</tr>
<tr>
<td>Total Minorities</td>
<td>750,443</td>
<td>24.48%</td>
</tr>
<tr>
<td>Women</td>
<td>1,465,495</td>
<td>47.81%</td>
</tr>
</tbody>
</table>

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: | 24.48% |
| Goal for Women: | 6.9% |

* 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.

** Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.
Part III – Current and Projected Staffing and Annual Goals

Title of Trade: Metal Stamping Press Operator

A. Current Staffing in the Above Trade

<table>
<thead>
<tr>
<th>Active Journeyworkers</th>
<th>Total</th>
<th>African American</th>
<th>Hispanic</th>
<th>Other Minority</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.   %</td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
</tr>
<tr>
<td>Registered Apprentices</td>
<td></td>
<td>No.   %</td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
</tr>
</tbody>
</table>

B. Projected Number of Apprentice Indentures*

<table>
<thead>
<tr>
<th>Year</th>
<th>20</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New Positions

Vacancies from Turnover**

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.*

<table>
<thead>
<tr>
<th>Year</th>
<th>20</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

African American

Hispanic

Other Minority

Woman

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.

* Where no apprentice indentures are planned for a particular group or year, enter '0'.

** 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:

MACNY communicates apprenticeship opportunities with area community colleges, workforce development boards and school districts. Reference attached list for name, address, and contact information.

MACNY posts their signatory companies apprenticeship opportunities on their Career and Talent platform which is an applicant tracking system that provides an avenue for individuals to apply to open opportunities. https://careers-macny.icims.com/jobs/intro

MACNY provides information to 5 staffing Agencies:
Aerotek, 5789 Widewaters Pkwy, Syracuse, NY, Emmey Crossett
CPS, 904 7th North Street, Liverpool, NY, Ashly Smart
Staffworks, 2112 Erie Blvd. East, Suite 400, Syracuse, NY Cheryl Humble
Kelley Services, 990 James Street, Syracuse, NY Lindsey Cannan
CR Fletcher, 125 N. Salina Street, Syracuse, NY 13202, Nicole Olszewski

MACNY communicates openings with local veteran organizations, such as:
Clear Path, 1223 Salt Springs Rd, Chittenango, NY-Alexander Behm
Institute for Veterans and Military Families, 101 Waverly Ave, Syracuse, NY-Daniel Bateman

See attached list of outreach contacts.
Direct Entry Provider(s): (See https://www.labor.ny.gov/apprenticeship/direct-entry.shtml.)
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 (https://newyork.usnix.com).

☐ 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.*

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.

* 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.*

☐ 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.**

   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.

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