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: C Basil Ford
B. Trade(s): Diesel Engine Mechanic, Automotive Service Technician, Auto Body Repairer Painter
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: C Basil Ford
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: 1540 Walden Ave
   City/Town: Cheektowaga
   State: NY
   Zip Code: 14225
G. Email: [redacted]
H. Phone: (716) 893-1000
   Fax: (716) 897-3088
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? 35
O. Within the past five (5) years, have you done business under a different name? ☑ Yes ☐ No
   If ‘Yes’, provide attachments as noted in the instructions.
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity’s shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? ☑ Yes ☐ No
   If ‘Yes’, provide attachments as noted in the instructions.

Section II
Complete all questions, (1 – 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity’s shares, any director, any officer, any partner, or any proprietor been the subject of:

1. Any conviction for a crime under state or federal law? ☑ Yes ☐ No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? ☑ Yes ☐ No
3. Any grant of immunity for conduct constituting a crime under state or federal law? ☑ Yes ☐ No

** For the definitions of a ‘substantially owned-affiliated entity’ see the end of Section I in the instructions.
4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement? ☐ Yes ☐ No

5. Any federal, state, or municipal debarments, including Workers’ Compensation or Public Work? ☐ Yes ☐ No

6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division? ☐ Yes ☐ No

7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation? ☐ Yes ☐ No

b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? ☐ Yes ☐ No

8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards? ☐ Yes ☐ No

b. If ‘Yes’, was the violation determined to be willful? ☐ Yes ☐ No

9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions? ☐ Yes ☐ No

10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) other than those covered above? ☐ Yes ☐ No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III
Certification — I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to $1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor’s application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity

Print name and title: Brad Coon Chief Operating Officer

Sworn to me this: 13th day of June 2022

Signature of Notary Public or Commissioner of Deeds

Lisa C. Wilczak
Notary Public, State of New York
Qualified in Erie County
My Commission Expires Aug. 2, 2025
Apprentice Training Program Registration Agreement

Revision □

Nature of Change: New Program

State Use Only

AT Sponsor No. □

ATP Code □ 51107

Effective Date of AT Program

1. Name of Sponsor: C. Basil Ford

2. Mailing Address: 1540 Walden Ave Cheektowaga NY 14225 Erie

3. Actual Address: □

4. Telephone No.: 716-362-2965 Ext. □

5. E-mail Address: □

6. Trade/Occupation: Auto Body Repairer Painter


8. Ratio: 1:1; 1:1

9. DOT Code: 807.381-010

10. Length of Program: 48 months

11. Apprentice Probationary Period: 12 Month

12. Work process: □ Standard □ Revised

13. Minimum Journeyworker Rate: $25.00 per hour

14. Effective Date of Wages: 05/01/2022

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

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

Signature of Union Representative Date

Print Name and Title

Print Name, Title, and Union Name

18. □

Signature New York State Department of Labor Date

NY Department of Labor Apprentice Training

JUN 10 2022

Central Office

AT 10 (11/20)
Related Instruction Availability

Trade: Auto Body Repairer + Painter, Automotive Service Technician, Diesel Engine Mechanic

Sponsor Name: Basil Ford
Sponsor Representative: Emi Nee
Sponsor Address:
No. & Street: 1540 Walden Avenue
City: Cheektowaga
County: Erie
State: NY
Zip Code: 14225

Sponsor Telephone No.: 716-680-6589
Proposed Number of Apprentices: 10

AT Office
Name: NYS Dept. of Labor, Buffalo Office
No. & Street: 290 Main St. Mezzanine Level
City: Buffalo
State: NY
Zip Code: 14202
Apprentice Training Representative: [Redacted]
Date Prepared: 2/22/22

☐ Related instruction is not available, ☑ Related instruction is available at:

School
Name: CDX
No. & Street: 26 Mill Road
City: Bedford
State: MA
Zip Code: 01903

School Representative Contact Information:
Name: Karin Fancher
Telephone No.: 1-844-329-1454
Email: [Redacted]

School
Name: NFADA
No. & Street: 1144 Wehrle Drive
City: Williamsville
State: NY
Zip Code: 14221

School Representative Contact Information:
Name: Ken Fronckowla
Telephone No.: 716-913-0463
Email: [Redacted]

DLEA
Name: [Redacted]
No. & Street: 329 Virginia Street
City: Buffalo
State: NY
Zip Code: 14201
Signature of DLEA:

AT Office
Name: [Redacted]
Date Prepared: 2/17/19
Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: C. Basil Ford
Located at: (Address) 1540 Walden Ave, Cheektowaga NY 14225

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: __________
In the occupation of: (List Trade) Auto Body Repairer and Painter

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

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

Must complete Physical exam paid for by the sponsor

(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 complete drug screening offer of employment is made

Other: Background check after offer of employment is made

Other: Valid drivers license to operate company and customer vehicle

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

Name: All Basil Dealerships

Address: Any Basil Dealership location

Days: Monday to Saturday Times: 8:00am - 5:00pm

Phone: __________ Email: __________

Special Instructions:
Applications may also be completed online at www.basiljobs.com

All Applications Must be (please check) □ Received □ Postmarked No Later Than: __________

NYC Department of Labor Apprentice Training
Central Office
JUN 10 2022
Selection Standards and Evaluations

Name of Candidate: ___________________________ Trade: ___________________________
Address: ___________________________ City: ___________________________ State: _______ Zip: _______

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<th>Educational Achievement</th>
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<th>Score</th>
<th>Total</th>
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<td>✅ 10 Points for Each Year of Related Technical Education Past Grade 10</td>
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<td>or Equivalent as Recognized by Local Educational Authorities</td>
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<tr>
<td>✅ 2 Points for Each Trade Related Adult or Continuing Education Course Completed</td>
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<tr>
<td>✅ 4 Other: Any Automotive Technical Training</td>
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<td>✅ 4 Points for Each Year of Trade Related Work Experience</td>
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<td>✅ 5 Points for Each Year of Active Military Experience</td>
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<td>✅ 2 Points for Each Year of General Work Experience</td>
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<tr>
<td>✅ 2 Points for Each Year of Employment with The Sponsoring Firm</td>
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<td></td>
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<tr>
<td>☐ Other: ____________</td>
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<th>Job Aptitude</th>
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<th>Score</th>
<th>Total</th>
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<tr>
<td>☐ Name of Aptitude Test: ___________________________</td>
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<td>Administered by ___________________________</td>
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<th>Oral Interview: Not to Exceed 40% of Total Score</th>
<th>Maximum Points Allowable</th>
<th>Number of Years Credited</th>
<th>Score</th>
<th>Total</th>
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<tbody>
<tr>
<td>✅ 0-5 Ability to Communicate</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>✅ 0-5 Willingness to Accept Obligation of Apprenticeship</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✅ 0-5 Ability to Reason and Comprehend</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>✅ 0-5 Interest and Motivation</td>
<td>5</td>
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<td></td>
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<tr>
<td>☐ Other: ____________</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>☐ Other: ____________</td>
<td>5</td>
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</table>

Total Allowable Points ➔ 114

Total Score ➔

Rank ___________________________

Evaluated by: ___________________________ (Name)
Sponsor Name: ___________________________
Sponsor Address: ___________________________

NYSDOL Department of Labor
Apprentice Training

JUN 10 2022

Central Office
Page 1 of 2
Apprentice Training Program Affirmative Action Plan

To be Administered by: C. Basil Ford
Address: 1540 Walden Ave
Cheektowaga, NY 14225

Plan is Effective From: 5/10/2022 To: 5/10/2026

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

Signature of Sponsor: [Signature]
Print Name: Shannon Snick
Title: Human Resource Manager

Do not write below this line.

Approved by: NYS Department of Labor
Title: [Title]

Received
Apprenticeship Unit
JUN 1 0 2022
JUN 3 2022

Central Office
BUFFALO
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.

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 765,610 in the following county(ies):

- Allegany
- Cattaraugus
- Chautauqua
- Erie
- Genesee
- Niagara
- Orleans
- Wyoming

The labor force includes:

<table>
<thead>
<tr>
<th>Minorities</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>61,042</td>
<td>7.97%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28,113</td>
<td>3.67%</td>
</tr>
<tr>
<td>Other Minorities</td>
<td>29,960</td>
<td>3.91%</td>
</tr>
<tr>
<td>Total Minorities</td>
<td>119,115</td>
<td>15.96%</td>
</tr>
<tr>
<td>Women</td>
<td>372,809</td>
<td>48.69%</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: 13.40%
- Goal for Women: 6.9%

---

/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: AUTO BODY REPAIRER & PAINTER

A. Current Staffing in the Above Trade

<table>
<thead>
<tr>
<th></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>No</td>
<td>No %</td>
<td>No %</td>
<td>No %</td>
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<tr>
<td>Active Journeyworkers</td>
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<tr>
<td>Registered Apprentices</td>
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B. Projected Number of Apprentice Indentures

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<thead>
<tr>
<th>Year</th>
<th>African American</th>
<th>Hispanic</th>
<th>Other Minority</th>
<th>Women</th>
<th>Total</th>
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<td>24</td>
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<td></td>
<td>Totals</td>
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</table>

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>African American</th>
<th>Hispanic</th>
<th>Other Minority</th>
<th>Women</th>
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<tr>
<td>20</td>
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<tr>
<td>Totals</td>
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</table>

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 cuts, 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:

Direct Entry Provider(s): (See www.labor.state.ny.us/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 (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.
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 503,
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.