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: Mechanical Electrical Corp

B. Trade(s): Electrician

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: Mechanical Electrical Corp

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: 876 Jamaica Avenue
   City/Town: Brooklyn
   State: NY
   Zip Code: 11208
   Phone: (718) 647-1220
   Fax: (718) 235-7266

G. Email: [redacted]

H. Federal Employer Identification Number (FEIN): [redacted]

I. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]

J. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? ☑ Yes ☐ No

K. How many years has your organization been in business? 33 years

L. Type of Entity (check one and provide attachments as noted in the instructions):
   - ☑ Corporation
   - ☐ Partnership
   - ☐ Sole-Proprietor
   - ☐ LLC
   - ☐ LLP
   - ☐ Other

M. How many years has your organization been in business? 33 years

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 or 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.

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

__________________________

[Signature]

Print name and title: Edwin Arthur, President

__________________________

[Signature]

Sworn to me this: 20 day of May 2022

[Signature]

NYS Department of Labor Apprentice Training

MAY 27 2022

Central Office

MARIA EUGENIA BLANCO
NOTARY PUBLIC STATE OF NEW YORK
No. 01B6034657
Qualified In Kings County
My Commission Expires December 13, 2025
Apprentice Training Program Registration Agreement

AT Sponsor No. 17-072

Effective Date of AT Program

1. Name of Sponsor: Mechanical Electrical Corp

2. Mailing Address: 876 Jamaica Avenue Brooklyn NY 11208 Kings

3. Actual Address: 718-647-1220 Ext. Fax No.: 718-235-7266

4. Telephone No.: 824.261-010

5. E-mail Address: Electrician

6. Trade/Occupation: 12 Months


9. DOT Code: 60 months

10. Length of Program: 11. Apprentice Probationary Period: 12 Months

12. Work process: Standard or Revised

13. Minimum Journeyworker Rate: $58.00 per Hour

14. Effective Date of Wages: 7-1-2021

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

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<td>6</td>
<td>12</td>
<td>18</td>
<td>24</td>
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<td>17.25</td>
<td>17.75</td>
<td>18.75</td>
<td>19.75</td>
<td>20.75</td>
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<td>22.75</td>
<td>24.75</td>
<td>26.00</td>
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</tbody>
</table>

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

Signature of Official Sponsor Representative

Date

18. Signature of Union Representative

Date

19. Signature New York State Department of Labor

Date

NYS Department of Labor
Apprenticeship Training Office

MAY 23 2022

NYC
Trade: Electrician  
Sponsor Name: Mechanical Electrical Corp  
Sponsor Representative: Edwin Arthur  
Sponsor Address: 876 Jamaica Avenue  
City: Brooklyn  
County: Kings  
State: NY  
Zip Code: 11208  
Sponsor Telephone No.: 718-647-1220  
Proposed Number of Apprentices: 1

AT Office  
Name: NYS Department of Labor/Dews  
No. & Street: 9 Bond Street - 4th Floor  
City: Brooklyn  
State: NY  
Zip Code: 11201

Apprentice Training Representative: [Redacted]  
Date Prepared: 4/29/22

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

School  
Name: Cooperative Technical Education  
No. & Street: 321 East 96th Street  
City: New York  
State: NY  
Zip Code: 10029  
School Representative Contact Information:  
Name: [Redacted]  
Telephone No.: [Redacted]  
Email: [Redacted]

DLEA  
Name: [Redacted]  
No. & Street: 90-01 Sutphin Blvd., 2nd Floor Room #229  
City: Jamaica  
State: NY  
Zip Code: 11435  
Signature of DLEA: [Signature]  
Date Prepared:  

AT 8 (4/19)
Mechanical Electrical Corp  
876 Jamaica Avenue, Brooklyn NY 11208

is presently accepting applications for an estimated 1 apprentice training positions in the occupation of Electrician

Minimum Qualifications

Minimum Age: 18

Minimum Education: HS Diploma or High School equivalency such as GED or TASC.

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

Lift up to 50lbs and carry 25lbs

Stand 90% of the time and able to pull cables.

Must have reliable means of transportation to and from various job sites and must live within the 5 Boroughs.

Application Forms may be obtained from: From:  To:  
Name: Mechanical Electrical Corp  Address: 876 Jamaica Avenue  
Brooklyn, NY 11208  
Phone Number: (718) 647-1220

Special Instructions:

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

See Instructions on Reverse Side
<table>
<thead>
<tr>
<th>Educational Achievement</th>
<th>Maximum Points Allowable</th>
<th>Number of Years Credited</th>
<th>Score</th>
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<td>3 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities</td>
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<td>7</td>
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<tr>
<td>2 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities</td>
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<tr>
<td>3 Points for Each Trade Related Adult or Continuing Education Course Completed</td>
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<tr>
<td>3 Points for Each Year of Active Military Experience</td>
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<td>3 Points for Each Year of General Work Experience</td>
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<tr>
<td>Points for High</td>
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<tr>
<td>Medium</td>
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<td>Low</td>
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<td>Other</td>
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<tr>
<td>Name of Alternative Aptitude Test</td>
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<tr>
<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>
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<tr>
<td>1.5 Ability to Communicate</td>
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<tr>
<td>1.5 Willingness to Accept Obligation of Apprenticeship</td>
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<tr>
<td>1.5 Ability to Reason and Comprehend</td>
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<tr>
<td>1.5 Interest and Motivation</td>
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<tr>
<td>Other</td>
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Total Allowable Points  

Rank

Evaluated by ____________________________ Name ____________________________ Date ____________________________

Sponsor Name ____________________________

Sponsor Address ____________________________

MAY 2 3 2022
WE ARE YOUR DOL

NYS Department of Labor
Apprentice Training
MAY 27 2022
Central Office

www.labor.ny.gov

NYS Department of Labor
Apprenticeship Training Office
MAY 23 2022

NYC

Non-Discrimination Plan
(Short Form)

A. **Equal Opportunity Pledge:** Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

B. **Sexual Harassment Prevention Policy:** Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. **Minimum Qualifications and Selection Standards:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

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

- Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
- Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (www.newyork.us.jobs/).
- Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

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

*Signature of Sponsor:*

Edwin Arthur

*Date:*

5/3/2022

*Approved by:*

New York State Department of Labor

*Sponsor Code*

*No. of Apprentices*

*Trade(s)*

Electrician

*Trade Code(s)* 17-072