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: APPLIED IMAGE, INC.
B. Trade(s): Optical Imaging Manufacturing Technician
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: APPLIED IMAGE, INC.
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: 1653 East Main Street
   City/Town: Rochester   State: NY   Zip Code: 14609
G. Email: [REDACTED]
H. Phone: (585) 482-0300
I. Fax: (585) 288-5989
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? 44
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:
   [ ] Yes [ ] No
   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: Glenn G. Jackling - CEO & President

Sworn to me this ______ day of _______ 2022

Signature of Notary Public or Commissioner of Deeds

07/06/2022  Date

NYSDOL Official Use Only

Received
Apprenticeship Unit

JUL 18 2022

ROCHESTER

NYS Department of Labor
Apprentice Training
AUG 1, 2022

2 of 4

Central Office
Apprentice Training Program Registration Agreement

Revision ☐
Nature of Change: New Program Application

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<td>AT Sponsor No.</td>
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1. Name of Sponsor: Applied Image, Inc.
2. Mailing Address: 1653 East Main Street Rochester NY 14609 Monroe
3. Actual Address: Same as above
4. Telephone No.: (585) 482-0300 Ext. 256
5. E-mail Address: [Redacted]
6. Trade/Occupation: Optical Imaging Manufacturing Technician
8. Ratio: 1:1:1:1
9. DOT Code: ________________ 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 Months
12. Work process: Standard ☐ or Revised ☐
13. Minimum Journeyworker Rate: $20.00 per hour 14. Effective Date of Wages: 7/18/2022

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

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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: Glenn G. Daikling Date: 7/18/2022
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

AUG 01 2022

Central Office

AT 10 (11/20)
WE ARE YOUR DOL

Apprenticeship Training Program

Related Instruction Availability

Trade: Optical Imaging Manufacturing Technician

Sponsor Name: Applied Image, Inc.
Sponsor Representative: Glenn Jackling
Sponsor Address:
No. & Street: 1653 East Main Street
City: Rochester
County: Monroe
State: NY
Zip Code: 14609
Sponsor Telephone No.: 585-482-0300 x 256
Proposed Number of Apprentices: 1

AT Office
Name: NYSDOL - Apprenticeship Training Unit
No. & Street: 276 Waring Road
City: Rochester
State: NY
Zip Code: 14609
Apprentice Training Representative: [Redacted]
Date Prepared: 7/18/22

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

School
Name: Monroe Community College *Pending New Trade Approval by NYS AT Council and NYSED.
No. & Street: 1000 East Henrietta Road
City: Rochester
State: NY
Zip Code: 14623
School Representative Contact Information:
Name: John Troy - Program Director, Skilled Trades and Industrial Technology
Telephone No.: (585) 685-6172
Email: [Redacted]

School
Name: 
No. & Street: 
City: 
State: 
Zip Code: 
School Representative Contact Information:
Name: 
Telephone No.: 
Email: 

DLEA
Name: Paul V. Burke - Office of Adult & Continuing Education Rochester City School District
No. & Street: 30 Hart Street
City: Rochester
NYS Department of Labor Apprentice Training
State: NY
Zip Code: 14605
Signature of DLEA
Date Prepared: 7/18/22

AT 8 (4/19)

Central Office
Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Applied Image, Inc.

Located at: (Address) 1653 East Main Street, Rochester, NY 14609

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Optical Imaging Manufacturing Technician

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 yrs Minimum Education: High School Diploma or High School Equivalency Diploma (such as TASC or GED).

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

Must be physically able to perform the work required as determined by an applicant's verbal statement, which may include prolonged standing, repeated squatting and bending.

(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 be able to lift and carry weights in excess of 40 lbs. for extended time periods. Must have basic math and measuring skills. Must work well in a team-environment. Must maintain a clean, neat working environment.

Other: Must have basic computer knowledge, including the use of Microsoft Office products. Must be able to read, hear, and understand verbal instructions and warnings given in English.

Other: Must have reliable transportation to and from work and required classes at the approved school. Must attend all required classes, at the approved school, as required to complete this apprenticeship program.

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

Name: Applied Image, Inc.

Address: 1653 East Main Street, Rochester, NY 14609

Days: Monday - Friday Times: 07:30am until 4:30pm

Phone: (585) 482-0300 Email: ______________

Special Instructions:

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

NYS Department of Labor Apprentice Training

AT 505 (05/21) See Instructions on Reverse Side Page 1 of 2
## Selection Standards and Evaluations

### Educational Achievement
- **2** Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities
- **2** Points for Each Year of Related Technical Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities
- **1** Points for Each Trade Related Adult or Continuing Education Course Completed

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### Work Experience
- **3** Points for Each Year of Trade Related Work Experience
- **1** Points for Each Year of Active Military Experience
- **1** Points for Each Year of General Work Experience

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### Seniority
- **5** Points for Each Year of Employment with The Sponsoring Firm

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### Job Aptitude
- Name of Aptitude Test: ________________
- Administered by ________________

### Oral Interview: Not to Exceed 40% of Total Score
- **1-5** Ability to Communicate
- **1-5** Willingness to Accept Obligation of Apprenticeship
- **1-5** Ability to Reason and Comprehend
- **1-5** Interest and Motivation

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### Total Allowable Points
- **84** Total Score

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EVALUATED BY: ____________________________
(Name)

SPONSOR NAME: Applied Image, Inc.

SPONSOR ADDRESS: 1653 East Main Street, Rochester, NY 14609

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AT 508 (10/21)
WE ARE YOUR DOL

New York State Department of Labor

www.labor.ny.gov

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 506, 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, identify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: ___________________________ Date: 7/18/2022

Glenn Jackling CEO & President

Print Name and Title

New York State Department of Labor

Approval of this plan is subject to the provisions of the apprenticeship law, and the undersigned agree to abide by such provisions.

Approved by: ___________________________ Date: ___________________________

Sponsor Name: Applied Image, Inc. Sponsor Code: __________ No. of Apprentices: 0

Trade(s): Optical Imaging Manufacturing Technician

NYS Department of Labor Apprentice Training

AT 602 (11/20)

AUG 01 2022

General Office