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: Schenectady JCC

B. Trade(s): CHILDCARE ASSISTANT

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: Schenectady JCC

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: 2565 Balltown Road
   City/Town: Niskayuna   State: NY   Zip Code: 12309

G. Email: [Redacted]   H. Phone: 518-377-8803   I. Fax: 518-377-5530

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? 101

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: David Posner, CEO

Print name and title: David Posner, CEO

Sworn to me this: 28 day of October 2022

Signature of Notary Public or Commissioner of Deeds: Sharon A. Ramsarat

NYS Department of Labor RECEIVED NOV 2 2022
Apprentice Training Albany Office

AT 9 (09/21)
Apprentice Training Program Registration Agreement

Revision ☑
Nature of Change: New Program

<table>
<thead>
<tr>
<th>State Use Only</th>
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<tbody>
<tr>
<td>AT Sponsor No.</td>
</tr>
<tr>
<td>ATP Code 89-584</td>
</tr>
<tr>
<td>Effective Date of AT Program</td>
</tr>
</tbody>
</table>

1. Name of Sponsor: Schenectady JCC
2. Mailing Address: 2565 Balltown Road Schenectady NY 12309 Niskayuna
3. Actual Address: Same
4. Telephone No.: 518-377-8803 Ext. Fax No.: 518-377-5530
5. E-mail Address: CHILD Care ASSISTANT
6. Trade/Occupation: CHILD Care ASSISTANT
8. Ratio: 1:1:1
9. DOT Code: 39-9011.00
10. Length of Program: 21 months
11. Apprentice Probationary Period: 6 months
12. Work process: Standard ☑ or Revised ☐
13. Minimum Journeyworker Rate: $16.00 per hr
14. Effective Date of Wages: 10-25-22
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. **Charlena Ward**
Signature of Official Sponsor Representative
Date 10/28/22
Charlena Ward HR Director
Print Name and Title

18. **[Signature]**
Signature of Union Representative
Date
Print Name, Title, and Union Name

19. Signature New York State Department of Labor
Date
NYS Department of Labor
Apprentice Training

AT 10 (11/20)

Central Office

NOV 03 2022
## Apprenticeship Agreement

### I. Apprenticeship Agreement

<table>
<thead>
<tr>
<th>Sponsor No.</th>
<th>ATP Code 89-584</th>
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<tbody>
<tr>
<td>1. Name of Program Sponsor</td>
<td>Schenectady JCC</td>
</tr>
<tr>
<td>Physical address of Program Sponsor (no. and street)</td>
<td>2565 Balltown Road</td>
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<tr>
<td>City</td>
<td>Niskayuna</td>
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<tr>
<td>County</td>
<td>NY</td>
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<td>State</td>
<td>12309</td>
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<td>Zip code</td>
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### 2. Trade: ☐ Time-based ☐ Competency-based ☐ Hybrid

### 3. Start Date

| Date | 10/27/2022 |

### 4. Length of program (Months)

| Number | 21 |

### 5. DOL Apprenticeship Probation Period for Completion Rates (Months)

| Number | 6 months |

### 6. Related and Supplemental Instruction (RI) Provider(s) and location(s)

| SUNY Schenectady |

### 8. Credit for previous training or experience:

<table>
<thead>
<tr>
<th>Months</th>
<th>Points</th>
<th>Sections</th>
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<tr>
<td>☐ Reinstatement</td>
<td>☐ Vocational Education</td>
<td>☐ Transfer</td>
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### 9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: ☐ Months ☐ Hours ☐ Points ☐ Sections

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

**Signature of Apprentice and Parent/Guardian if age 16-17**

**Date**

**Signature of Official Sponsor Representative**

**Date**

### Registered by the New York State Department of Labor:

**Signature New York State Department of Labor**

**Date**

### THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.
# Apprenticeship Agreement

**I. Apprenticeship Agreement**

**Central Office**

**Name of Apprentice (Last, First, M.I.)**

**Social Security Number**

<table>
<thead>
<tr>
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<td>89-584</td>
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</table>

**1. Name of Program Sponsor**

**Schenectady JCC**

**Physical address of Program Sponsor (no. and street)**

2565 Balltown Road

**City**

**County**

**State**

**Zip code**

**Niskayuna, NY 12309**

**Mailing address of Program Sponsor (no. and street)**

**Same**

**City**

**County**

**State**

**Zip code**

**2. Trade:**

- ☐ Time-based
- ☐ Competency-based
- ☐ Hybrid

**CHILDCARE ASSISTANT**

**3. Start Date**

**4. Length of program (Months)**

21

**5. DOL Apprentice Probation Period for Completion Rates (Months)**

6 months

**6. Related and Supplemental Instruction (RI) Provider(s) and location(s)**

SUNY Schenectady

**7. Minimum Journey-Worker Rate**

16.00

**8. Credit for previous training or experience:**

- ☐ Reinstatement
- ☐ Vocational Education
- ☐ Transfer
- ☐ Previous Experience (Employer name)

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

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

**Signature of Apprentice and Parent/Guardian if age 16-17**

**Date**

10/12/22

**Signature of Official Sponsor Representative**

**Date**

10/12/22

Registered by the New York State Department of Labor:

**Signature New York State Department of Labor**

**Date**

**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**

**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.

**Signature of DLEA Representative**

**Date**

**Print Name**

**STATE USE ONLY**

**State Use Only**

**Date**

**Init.**

**To ATC**

**To DLEA**

**Rank Verify**

**Data Entry**

**State Use Only**

**Date**

**Init.**

**To ATC**

**To DLEA**

**Data Entry**

**Must be returned within 30 days of receipt**

Page 1 of 2
Apprenticeship Agreement

Sponsor No. [Redacted] ATP Code 89-584

1. Name of Program Sponsor
Schenectady JCC

2. Trade: ☐ Time-based ☐ Competency-based ☐ Hybrid

3. Start Date

4. Length of program (Months)
21

5. DOL Apprentice Probation Period for Completion Rates (Months)
6 months

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
SUNY Schenectady

7. Minimum Journey-Worker Rate
16.00

8. Credit for previous training or experience:

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

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

[Signatures]

Registered by the New York State Department of Labor:

[Signature]

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

[Signature]

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERRMINATION DATE.

III. RI Completion

☐ Apprentice has satisfied the RI requirements. Completion date: ______________________

☐ Apprentice has not satisfied the RI requirements.

[Signature]

Must be returned within 30 days of receipt
Related Instruction Availability

Trade: CHILDCARE ASSISTANT

Sponsor Name: Schenectady JCC

Sponsor Representative: 

Sponsor Address:
No. & Street: 2565 Balltown Road
City: Schenectady
County: Niskayuna
State: NY
Zip Code: 12309
Sponsor Telephone No.: 518-377-8803

Proposed Number of Apprentices: 6

AT Office
Name: NYS DOL Albany
No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/459
City: Albany
State: NY
Zip Code: 12240
Apprentice Training Representative: [Redacted]
Date Prepared: 3/25/19

☑ Related instruction is available at:

School
Name: SUNY Schenectady Community College
No. & Street: 78 Washington Ave
City: Schenectady
State: NY
Zip Code: 12305

School Representative Contact Information:
Name: Lauren Lankau
Telephone No.: 518-396-5982
Email: [Redacted]

DLEA
Name: Christie Davis
No. & Street: 2805 State Highway 67
City: Johnstown
State: NY
Zip Code: 12095
Signature of DLEA: [Redacted]
Date Prepared: 10/31/22

AT 8 (1/19)
Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Schenectady JCC
Located at: (Address) 2565 Balltown Road Niskayuna, NY 12309

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

In the occupation of: (List Trade) CHILD CARE ASSISTANT

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications
Minimum Age: 18 Minimum Education: ____________________________

Must have a high school diploma or a 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 a physical exam prior to enrollment in apprenticeship, at the expense of 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 have reliable means of transportation to and from work and required classes at the approved school.

Other: Must be able to get cleared by the Office of Children and Family Services to be alone with children

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

Name: ____________________________________________________________________

Address: __________________________________________________________________

Days: Anytime Times: Anytime

Phone: ________________ Email: ________________

Special Instructions:
Applications can be obtained on our website at Schenectadyjcc.org

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

NYS Department of Labor
Apprentice Training
NOV 03 2022
Central Office
## Selection Standards and Evaluations

**Name of Candidate:** ____________________________  **Trade:** CHILDCARE ASSISTANT  
**Address:** ____________________________  **City:** ____________________________________  **State:** _______  **Zip:** ________

Only those checked apply.

### Educational Achievement

- **5 Points for Each Year of Education Past Grade 10 or Equivalent as Recognized by Local Educational Authorities**
  - Maximum Points Allowable: 30
  - **Total:** 30

- **5 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities**
  - Number of Years Credited: 10
  - **Score:** 10

- **5 Points for Each Trade Related Adult or Continuing Education Course Completed**
  - Number of Years Credited: 10
  - **Score:** 10

- **Other:** ____________________________________
  - **Total:** 0

### Work Experience

- **6 Points for Each Year of Trade Related Work Experience**
  - **Total:** 40

- **2 Points for Each Year of Active Military Experience**
  - **Total:** 20

- **1 Points for Each Year of General Work Experience**
  - **Total:** 10

- **Other:** ____________________________________
  - **Total:** 0

### Seniority

- **5 Points for Each Year of Employment with The Sponsoring Firm**
  - **Total:** 15

- **Other:** ____________________________________
  - **Total:** 0

### Job Aptitude

- Name of Aptitude Test: ____________________________  **Administered by:** ____________________________  **Other:** ____________________________________

### Oral Interview: Not to Exceed 40% of Total Score

- **0-5 Ability to Communicate**
  - **Total:** 5

- **0-5 Willingness to Accept Obligation of Apprenticeship**
  - **Total:** 5

- **0-5 Ability to Reason and Comprehend**
  - **Total:** 5

- **0-5 Interest and Motivation**
  - **Total:** 5

- **Other:** ____________________________________
  - **Total:** 0

**Total Allowable Points →**  **Total Score →**

**Evaluated by:** ____________________________  **(Name)**  **Date:** ____________________________  **Sponsor Name:** Schenectady JCC  **Sponsor Address:** 2565 Balltown Rd Niskayuna NY 12309

AT 508 (3/22)  **Central Office**  Page 1 of 2
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 (https://newyork.usenix.com) 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 (https://newyork.usenix.com).
- 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: ___________________________ Date: ____________

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Print Name and Title: David Posner CEO

Approved by: ___________________________ Date: ____________

New York State Department of Labor

Sponsor Name: Schenectady JCC Sponsor Code: ____________ No. of Apprentices: ____________

Trade(s): Childcare Assistant Trade Code(s): 89-584

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