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: SunPull Bundled Wire
B. Trade(s): Electro-Mechanical Technician
C. Type of Apprenticeship Training Program (check one):
   - [ ] Individual Non-Joint
   - [ ] Individual Joint
   - [ ] Group Non-Joint
   - [ ] 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:
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: 268 Hangar Road
   City/Town: Rome  State: NY  Zip Code: 13441
G. Email: [Redacted]  Phone: (315) 339-5268  Fax:
H. Federal Employer Identification Number (FEIN):
I. NYS Unemployment Insurance Employer Registration (ER) Number:
J. 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? ____
O. Within the past five (5) years, have you done business under a different name? Yes [☑] No [ ]
P. If 'Yes', provide attachments as noted in the instructions.
   - 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 § 60.05(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

09/15/2022

Print name and title: Nick Eberly, CEO

Sworn to me this: 15th day of September 2022

______________

Signature of Notary Public or Commissioner of Deeds

WENDY A. CALABRESE
Notary Public - State of New York
NO. 01CA153756
Qualified in Oneida County
My Commission Expires Oct 15, 2025
Apprentice Training Program Registration Agreement

Revision \[ \square \]
Nature of Change: New Program Application

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<th>State Use Only</th>
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<tr>
<td>AT Sponsor No.</td>
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<tr>
<td>ATP Code</td>
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<tr>
<td>Effective Date of AT Program</td>
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1. Name of Sponsor: SunPull Bundled Wire

2. Mailing Address: 80 Otis Street Rome NY 13441 Oneida
   (number & street) (city) (state) (zip code) (county)
3. Actual Address: 268 Hangar Road Rome NY 13441 Oneida
   (number & street) (city) (state) (zip code) (county)
4. Telephone No.: 315-339-5268 Ext. Fax No.: 
5. E-mail Address: [Redacted]
6. Trade/Occupation: Electro-Mechanical Technician
8. DOT Code: 17-3024.00
9. Length of Program: 48 months
10. Apprentice Probationary Period: 12 months
11. Work process: Standard [ ] or Revised [ ]
12. Minimum Journeymen Rate: $26 per hour
13. Effective Date of Wages: Date of hire
14. Apprentice wage progression for each period – in months (M) or hours (H)

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

17. Signature of Official Sponsor Representative: Wendy Calabrese, Director of Employee Engagement
   Date: 9/10/2023

18. Signature of Union Representative:
   Print Name and Title: [Redacted]
   Date: 

19. Signature New York State Department of Labor
   Date: 

AT 10 (11/20)
Apprenticeship Agreement

I. Apprenticeship Agreement

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

Social Security Number

Name of Program Sponsor

Physical address of Program Sponsor (no. and street)

City

County

State

Zip code

268 Hangar Road

Rome

Oneida

NY

13441

Mailing address of Program Sponsor (no. and street)

City

County

State

Zip code

80 Ots Street

Rome

Oneida

NY

13441

Sex

Veteran

Home & Cell phone numbers

Answer both A and B

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? □ Yes □ No

If “Yes,” Trade

Electro-Mechanical Technician

3. Start Date

4. Length of program (Months)

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

9/1/22

48

12

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

Mohawk Valley Community College

RI Compensated

☑ Yes □ No

7. Minimum Journey-Worker Rate

$28.00 hourly

8. Credit for previous training or experience:

Months

Points

Sections

☑ Reinstatement ☐ Vocational Education ☐ Transfer ☐ Previous Experience (Employer name):

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

1

2

3

4

5

6

7

8

9

10

0-2000

2001-4000

4001-6000

6001-8000

21.00

23.00

24.00

26.00

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

Hendy Calabrese

Date

09/16/22

09/16/22

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

(Explain in Comments)

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

Must be returned within 30 days of receipt

Page 1 of 2
WE ARE YOUR DOL

Related Instruction Availability

Trade: Electro-Mechanical Technician
Sponsor Name: SunPull Bundled Wire
Sponsor Representative: Wendy Calabrese
Sponsor Address:
No. & Street: 268 Hangar Road
City: Rome
County: Oneida
State: NY
Zip Code: 13441
Sponsor Telephone No.: 315-339-5268
Proposed Number of Apprentices: 1

AT Office
Name: Central
No. & Street: 450 S. Salina Street, Room 203
City: Syracuse
State: NY
Zip Code: 13202
Apprentice Training Representative: 
Date Prepared: 9/29/22

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

School
Name: Mohawk Valley Community College
No. & Street: 1101 Sherman Drive
City: Utica
State: NY
Zip Code: 13501
School Representative Contact Information:
Name: Matt Maloy
Telephone No.: 315-792-5381
Email: 

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

DLEA
Name: Brenda Wolak
No. & Street: 4937 Spring Road
City: Verona
State: NY
Zip Code: 13478
Signature of DLEA: 
Date Prepared: 9/29/22

AT 8 (4/19)
Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: SunPull Bundled Wire
Located at: (Address) 268 Hangar Road Rome, NY 13441

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1
In the occupation of: (List Trade) Electro-Mechanical 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 Minimum Education: High School Diploma or Equivalent (GED/TASC)

Physical Condition: Be physically able to perform the work required as determined by:
Verbally attest to the ability to regularly lift up to 40 pounds.

(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: Upon offer of employment, apprentice must take a drug test paid for by the sponsor.

Other:

Other:

Application forms may be obtained: From: ____________ To: ____________
Name: SunPull Wire Bundled
Address: 268 Hangar Road Rome NY 13441
Days: M-F Times: 8am-5pm
Phone: (315) 216-2066 Email: ____________
Special Instructions: can be obtained email@sunpullwire.com, online

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

AT 505 (05/21) See Instructions on Reverse Side
**Selection Standards and Evaluations**

**Name of Candidate:** ___________________________  **Trade:** Electro-Mechanical Technician

**Address:** ___________________________  **City:** ___________________________  **State:** _______  **Zip:** _______

**Educational Achievement**

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**Work Experience**

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**Seniority**

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**Job Aptitude**

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

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<th>Interest and Motivation</th>
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**Total Allowable Points** ➔ 100  **Total Score** ➔

**Evaluated by:** ___________________________  **Date:** ___________________________

**Sponsor Name:** SunPull Bundled Wire

**Sponsor Address:** 268 Hangar Drive

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AT 508 (3/22)  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, 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 Notice and Minimum Qualifications, and on 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: ____________________________  Date: 9/10/2022

Wendy Calabrese  Director of Employee Engagement
Print Name and Title

Approved by: ____________________________  Date: ____________________________

Sponsor Name: SunPull Bundled Wire  Sponsor Code:  No. of Apprentices: 1
Trade(s): Electro-Mechanical Technician  Trade Code(s): 47-564

AT 602 (11/20)