

DEC 29 2025

**WE ARE YOUR DOL**

Central Office



Department  
of Labor

www.labor.ny.gov

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Use Only	
AT Sponsor No.	
ATP Code	18-514
Effective Date of AT Program	

- Name of Sponsor: WoodStone Earth Construction, Inc.
- Mailing Address: 485 State Route 21 Palmyra NY 14522 Wayne  
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (315) 597-9941 Ext. \_\_\_\_\_ Fax No.: (315) 597-9943
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Skilled Construction Craft Laborer
- No. Employees: 35 No. Apprentices: 1 No. Journeyworkers: 20 8. Ratio: 1:1:1:3
- DOT Code: 869.463-580 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$20.00 per Hour 14. Effective Date of Wages: 10/27/2025

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours:	1,000	1,000	1,000	1,000						
Wage rate: or, percentage of the journeyworker rate:	\$16.50	\$17.00	\$17.50	\$18.00						

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

17. Gary W. Rogers 12-5-25 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Gary W. Rogers President \_\_\_\_\_  
Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

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Please send to your regional DOL office:  
276 Waring Rd, Rochester, NY 14609

DEC 29 2025

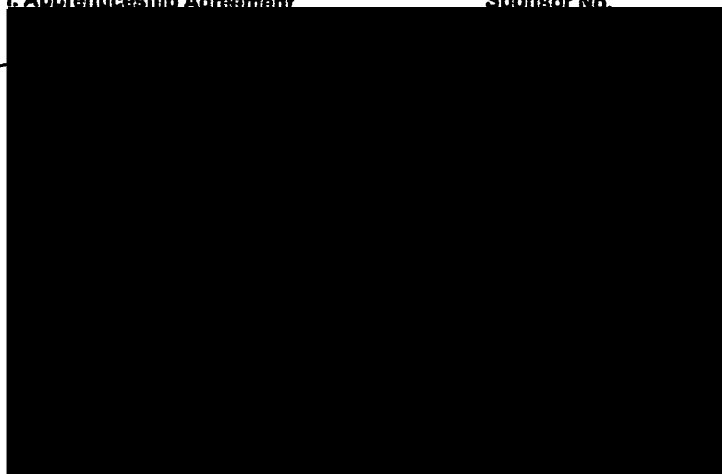
**Apprenticeship Agreement**

Central Office

**I. Apprenticeship Agreement**

Sponsor No. \_\_\_\_\_

ATP Code 18-514



1. Name of Program Sponsor  
**WoodStone Earth Construction, Inc.**

Physical address of Program Sponsor (no. and street)  
**485 State Route 21**

City County State Zip code  
**Palmyra Wayne NY 14522**

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

City County State Zip code

2. Trade:  Time-based  Competency-based  Hybrid  
**Skilled Construction Craft Laborer**

3. Start Date \_\_\_\_\_ 4. Length of program (Months) **24** 5. DOL Apprentice Probation Period for Completion Rates (Months) **6**

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

RI Compensated  Yes  No 7. Minimum Journey-Worker Rate  
**\$20.00**

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
1,000	1,000	1,000	1,000						
\$16.50	\$17.00	\$17.50	\$18.00						



to the Terms on Page 2 of this Form.

*Gayle Rogers*  
Signature of Official Sponsor Representative

12/15/25  
Date

Registered by the New York State Department of Labor:

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

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 (Explain in Comments)  Quit  Layoff (Lack of Work)  Program Termination  Transfer

Completion or Termination Date \_\_\_\_\_

Comments \_\_\_\_\_

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

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**

STATE USE ONLY

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
 Apprentice has not satisfied the RI requirements.

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

Signature of DLEA Representative \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

AT 401 (08/24)

Must be returned within 30 days of receipt



NYS DOL Use Only: Sponsor No. _____ <input checked="" type="checkbox"/> New Program <input type="checkbox"/> Reactivation <input type="checkbox"/> Revision <input type="checkbox"/> Recertification
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NYS Department of Labor  
Apprentice Training

New York State

Registered Apprenticeship Training Program

DEC 29 2025

### Sponsor Information Sheet and Instructions

Central Office

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: Woodstone Earth Construction, Inc.
- B. Trade(s): Skilled Construction Craft Laborer
- 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: Woodstone Earth Construction, 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: 485 State Route 21  
 City/Town: Palmyra State: NY Zip Code: 14522
- G. Email: [REDACTED] H. Phone: 315-597-9941 Ext: — I. Fax: 315-597-9943
- 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? 21
- 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.**

**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 \_\_\_\_\_ 12-9-25 \_\_\_\_\_  
 Date

Print name and title: Gary W. Rogers \_\_\_\_\_



NYS Department of Labor  
 Apprentice Training  
 DEC 29 2025  
 Central Office

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Sponsor Code \_\_\_\_\_

Trade: ~~Operator~~ Skilled Construction Craft Laborer  
Apprentice Training

DEC 29 2025

**Related Instruction Availability**

Central Office

Trade: Skilled Construction Craft Laborer

Sponsor Name: Woodstone Earth Construction, Inc.

Sponsor Representative: Gary Rogers

Sponsor Address:

No. & Street: 485 State Rt. 21 City: Palmyra

County: Wayne State: NY Zip Code: 14522

Sponsor Telephone No.: 315-597-9941

Proposed Number of Apprentices: 1

**AT Office**

Name: NYS Department of Labor

No. & Street: 276 Waring Rd

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: William Clingersmith Date Prepared: 10/27/25

Related instruction is not available.

Related instruction is available at:

**School**

Name: Penn Foster (Online)

No. & Street: https://lp.pennfoster.edu/

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: Harold Ayers

Telephone No.: 1-800-239-3916 Email: \_\_\_\_\_

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**DLEA**

Name: Shannon Brown

No. & Street: 131 Drumlin Court

City: Newark State: NY Zip Code: 14513

Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_

DEC 29 2025

Central Office



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>					
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	20			Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	8			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	8			
<input type="checkbox"/>	Other: _____	4			
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Trade Related Work Experience	20			Total
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Active Military Experience	8			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	8			
<input type="checkbox"/>	Other: _____	4			
<b>Seniority</b>					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Employment with The Sponsoring Firm	20			Total
<input type="checkbox"/>	Other: _____	20			
<b>Job Aptitude</b>					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
	Administered by _____				
<input type="checkbox"/>	Other: _____				
<b>Oral Interview: Not to Exceed 40% of Total Score</b>					
<input checked="" type="checkbox"/>	<u>1</u> Ability to Communicate	40			Total
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	10			
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	10			
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points → 

	Total Score →	
--	---------------	--

Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name) Date: \_\_\_\_\_

Sponsor Name: WoodStone Earth Construction, Inc.

Sponsor Address: 485 State Route 21, Palmyra, NY 14522

DEC 29 2025

Central Office

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Department  
of Labor

[www.labor.ny.gov](http://www.labor.ny.gov)

Sponsor Code: \_\_\_\_\_

Trade Code: 18-514

## Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: WoodStone Earth Construction, Inc.

Located at: (Address) 485 State Route 21, Palmyra, NY 14522

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

In the occupation of: (List Trade) Skilled Construction Craft Laborer

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

Minimum Qualifications: High School Diploma or Equivalency (Such as GED or TASC)  
Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

Applicant's verbal statement. Must take and pass a drug test, paid for by the employer, prior to enrollment.

(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 legally work in the United States. Must be able to read, write, and speak English. Must be able to lift a minimum of 50 lbs. unassisted.

Other: Must be able to work outdoors and in inclement weather. Must be able to climb ladders, work in confined spaces, and work from heights.

Other: Must have a valid driver's license to operate company vehicles. Must have reliable transportation to and from work and school.

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: WoodStone Earth Construction, Inc.

Address: 485 State Route 21, Palmyra, NY 14522

Days: Monday-Friday Times: 9AM-4PM

Phone: (315) 597-9941 Email: \_\_\_\_\_

Special Instructions:

Online applications available at <https://woodstoneearth.com/applications/>

All Applications Must be (please check)  Received  Postmarked No Later Than: \_\_\_\_\_

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Department  
of Labor

[www.labor.ny.gov](http://www.labor.ny.gov)

NYS Department of Labor  
Apprentice Training

DEC 29 2025

## Non-Discrimination Plan (Short Form)

Central Office

- 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.usnlx.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.usnlx.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.

E. **Outreach and Positive Recruitment Plan (if applicable):** 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:**

NYS Department of Labor  
Apprentice Training

DEC 29 2025

Central Office

**Direct Entry Provider(s):** (See <https://dol.ny.gov/direct-entry>)

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

Signature of Sponsor: *Gary Rogers* 12-5-25  
The above signature must be the employer's Chief Executive Officer, the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Name: Gary Rogers Title: President

Approved by: \_\_\_\_\_  
New York State Department of Labor Date

Sponsor Name: WoodStone Earth Construction, Inc.

Sponsor Code: \_\_\_\_\_ Number of Apprentices: 1

Trade(s): Skilled Construction Craft Laborer

Trade Code(s): 18-514