



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

APR 20 2026

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: Community Manufacturing Solutions

B. Trade(s): 42-639 Industrial Sewing Machine Operator

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: Community Manufacturing Solutions

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: 44 Corporate Drive
City/Town: Kingston State: NY Zip Code: 12401

G. Email: Phone: (845) 943-2253 Fax:

J. Federal Employer Identification Number (FEIN):

K. NYS Unemployment Insurance Employer Registration (ER) Number:

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? 9

O. Within the past five (5) years, have you done business under a different name? Yes No

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

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.



NYS DOL Use Only: Sponsor No. 82416
New Program Reactivation Revision Recertification

New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions APR 20 2026

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: Council of Industry
B. Trade(s): 42-639 Industrial Sewing Machine Operator
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: The Council of Industry
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: 263 Route 17k Suite 106
City/Town: Newburgh State: NY Zip Code: 12550
G. Email: H. Phone: (845) 565-1355 I. Fax: (845) 565-1427
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
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? 115
O. Within the past five (5) years, have you done business under a different name? Yes No
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

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 _____ Date 3/19/26

Print name and title: Johnneanne Hansen

Sworn to me this: _____ day of _____ Signature of Notary Public or Commissioner of Deeds _____

NYS DOL Official Use Only

Field - Receipt Date Stamp

WE ARE YOUR DOL

NYS Department of Labor
Apprentice Training



Department
of Labor

www.labor.ny.gov

APR 20 2026

Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Trade

State Use Only	
AT Sponsor No.	<u>82416</u>
ATP Code	<u>42-639</u>
Effective Date of AT Program	

- Name of Sponsor: Council of Industry
- Mailing Address: 263 Route 17k Suite 106 Newburgh NY 12550 Orange
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (845) 565-1355 Ext. _____ Fax No.: (845) 565-1427
- E-mail Address: _____
- Trade/Occupation: Industrial Sewing Machine Operator
- No. Employees: 4 No. Apprentices: 2 No. Journeyworkers: 25 8. Ratio: 1:1, 1:1
- DOT Code: _____ 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 Months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ _____ per AT-Mock 40 14. Effective Date of Wages: _____

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 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"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours: Wage rate: or, percentage of the journeyworker rate:										

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

17. [Signature] 3/4/26 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date
J. Hansen, CEO _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date



Please send to your regional DOL office:

120 Blooming Rd, 2nd Floor, White Plains, NY 10605

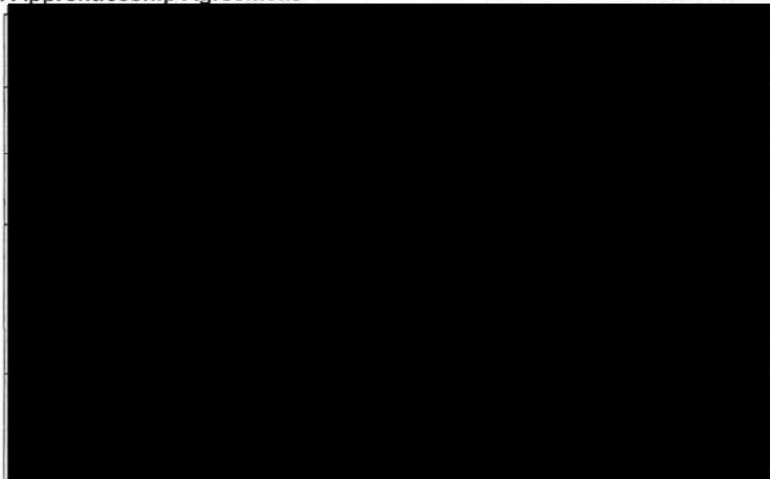
Apprenticeship Agreement

NYS Department of Labor
Apprentice Training

I. Apprenticeship Agreement

Sponsor No. 82416

ATP Code 42-639



1. Name of Program Sponsor **Council of Industry** APR 20 2026

Physical address of Program Sponsor (no. and street) **263 Route 17k, Suite 106** Central Office

City **Newburgh** County **Orange** State **NY** Zip code **12550**

Mailing address of Program Sponsor (no. and street)

City _____ County _____ State _____ Zip code _____

Community Manufacturing Solutions

2. Trade: Time-based Competency-based Hybrid

Industrial Sewing Machine Operator (42-639)

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? Yes No If "Yes," Trade _____ State _____

3. Start Date _____ 4. Length of program (Months) **12** 5. DOL Apprentice Probation Period for Completion Rates (Months) **3**

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
SUNY Ulster, Dutchess Community College, Westchester Community College, Tooling U, SUNY Orange, SUNY Rockland

RI Compensated Yes No

7. Minimum Journey-Worker Rate **\$22.50**

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
0-3	4-6	7-9	10-12						
92%	94%	97%	99%						

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

Signature of Official Sponsor Representative _____ Date **1/2/25**

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 (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

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	
Date	Init.
To ATC _____	_____
To DLEA _____	_____
Data Entry _____	_____



Please send to your regional DOL office:

120 Bloomingdale Rd, 2nd Floor, White Plains, NY 10605

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 82416

ATP Code 42-639

NYS Department of Labor Apprenticeship Training

1. Name of Program Sponsor
Council of Industry APR 20 2026

Physical address of Program Sponsor (no. and street)
263 Route 17k, Suite 106 Central Office

City County State Zip code
Newburgh Orange NY 12550

Mailing address of Program Sponsor (no. and street)

City County State Zip code
Community Manufacturing Solutions

2. Trade: Time-based Competency-based Hybrid
Industrial Sewing Machine Operator (42-639)

Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? Yes No
If "Yes," Trade State

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months)
12 3

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
SUNY Ulster, Dutchess Community College, Westchester Community College, Tooling U, SUNY Orange, SUNY Rockland
RI Compensated Yes No 7. Minimum Journey-Worker Rate
\$22.50

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
0-3	4-6	7-9	10-12						
92%	94%	97%	99%						

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 1/2/26

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 (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.

STATE USE ONLY

III. RI Completion

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

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Sponsor Code 82416

Trade Code 42-639

Apprenticeship Training Program

Related Instruction Availability

Trade: Industrial Sewing Machine Operator (42-639)

Sponsor Name: Council of Industry

Sponsor Representative: Johnnieanne Hansen

Sponsor Address:

No. & Street: 263 Route 17k Suite 106 City: Newburgh

County: Orange State: NY Zip Code: 12550

Sponsor Telephone No.: 845-565-1355

Proposed Number of Apprentices: 5

AT Office

Name: NYSDOL Office of Apprentice Training,

No. & Street: 120 Bloomingdale Rd, Fl 2

City: White Plains State: NY Zip Code: 10605

Apprentice Training Representative: Jiwanda Gale-Rogers Date Prepared: _____

Related instruction is **not** available.

Related instruction is available at:

School

Name: Hudson Valley Community College

No. & Street: 80 Vandenberg Ave.

City: Troy State: NY Zip Code: 12180

School Representative Contact Information:

Name: Robyn Peterson

Telephone No.: (877) 325-4822 Email: [REDACTED]

NYS Department of Labor
Apprentice Training

School

Name: _____

APR 20 2026

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Central Office

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Renee Mulligan

No. & Street: 3 Washington Center

City: Newburgh State: NY Zip Code: 12550

Signature of DLEA: [REDACTED] Date Prepared: 11/24/25

WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code 82416

Trade Code 42-639

Related Instruction Availability

Trade: Industrial Sewing Machine Operator (42-639)

Sponsor Name: Council of Industry

Sponsor Representative: Johnnieanne Hansen

Sponsor Address:

No. & Street: 263 Route 17k Suite 106 City: Newburgh

County: Orange State: NY Zip Code: 12550

Sponsor Telephone No.: 845-565-1355

Proposed Number of Apprentices: 5

AT Office

Name: NYS DOL Office of Apprentice Training,

No. & Street: 120 Bloomingdale Rd, Fl 2

City: White Plains State: NY Zip Code: 10605

Apprentice Training Representative: Jiwanda Gale-Rogers Date Prepared: _____

Related instruction is **not** available.

Related instruction is available at:

School

Name: Dutchess Community College

No. & Street: 53 Pendell Rd.

City: Poughkeepsie State: NY Zip Code: 12601

School Representative Contact Information:

Name: Laraine Kautz, Workforce Development Liaison

Telephone No.: 845-431-8905 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

NYS Department of Labor
Apprentice Training

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

APR 20 2026

Central Office

DLEA

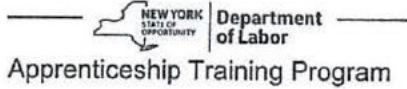
Name: Renee Mulligan

No. & Street: 3 Washington Center

City: Newburgh State: NY Zip Code: 12550

Signature of DLEA: [REDACTED] Date Prepared: 11/24/25

WE ARE YOUR DOL



Sponsor Code 82416

Trade Code 42-639

Related Instruction Availability

Trade: Industrial Sewing Machine Operator (42-639)

Sponsor Name: Council of Industry

Sponsor Representative: Johnnieanne Hansen

Sponsor Address:

No. & Street: 263 Route 17k suite 106 City: Newburgh

County: Orange State: NY Zip Code: 12550

Sponsor Telephone No.: 845-565-1355

Proposed Number of Apprentices: 5

AT Office

Name: NYS Department of Labor

No. & Street: 120 Bloomingdale Road, 2nd Floor

City: White Plains State: NY Zip Code: 10605

Apprentice Training Representative: Jiwanda V Gale-Rogers Date Prepared: 8/24/23

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

School

Name: ToolingU www.toolingu.com

No. & Street: 3615 Superior Avenue

City: Cleveland State: OH Zip Code: 44114

School Representative Contact Information:

Name: Greg Surtman

Telephone No.: 216.212.2587 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Renee Mulligan

No. & Street: 3 Washington Center

City: Newburgh State: NY Zip Code: 12550

Signature of DLEA [REDACTED] Date Prepared: 11/24/25

NYS Department of Labor
Apprentice Training

APR 20 2026

Central Office

WE ARE YOUR DOL



Sponsor Code 82416
Trade Code 42-639

Related Instruction Availability

Trade: Industrial Sewing Machine Operator (42-639)
Sponsor Name: Council of Industry
Sponsor Representative: Johnnieanne Hansen
Sponsor Address:
No. & Street: 263 Route 17k Suite 106 City: Newburgh
County: Orange State: NY Zip Code: 12550
Sponsor Telephone No.: 845-565-1355
Proposed Number of Apprentices: 5

AT Office

Name: NYS DOL Office of Apprentice Training,
No. & Street: 120 Bloomingdale Rd, Fl 2
City: White Plains State: NY Zip Code: 10605
Apprentice Training Representative: Jiwanda Gale-Rogers Date Prepared: _____

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

School

Name: Westchester Community College
No. & Street: 75 Grasslands Rd
City: Valhalla State: NY Zip Code: 10595
School Representative Contact Information:
Name: Teresita Wisell, Vice President and Dean, Workforce Development and Community Education
Telephone No.: 845-606-6600 Email: [REDACTED]

School

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

NYS Department of Labor
Apprentice Training

APR 20 2026

Central Office

DLEA

Name: Renee Mulligan
No. & Street: 3 Washington Center
City: Newburgh State: NY Zip Code: 12550
Signature of DLEA: [REDACTED] Date Prepared: 11/24/25

WE ARE YOUR DOL



Sponsor Code 82416

Trade Code 42-639

Apprenticeship Training Program

Related Instruction Availability

Trade: Industrial Sewing Machine Operator (42-639)

Sponsor Name: Council of Industry

Sponsor Representative: Johnnieanne Hansen

Sponsor Address:

No. & Street: 263 Route 17k Suite 106 City: Newburgh

County: Orange State: NY Zip Code: 12550

Sponsor Telephone No.: 845-565-1355

Proposed Number of Apprentices: 5

AT Office

Name: NYSDOL Office of Apprentice Training,

No. & Street: 120 Bloomingdale Rd, Fl 2

City: White Plains State: NY Zip Code: 10605

Apprentice Training Representative: Jiwanda Gale-Rogers Date Prepared: _____

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

School

Name: SUNY Ulster

No. & Street: 491 Cottekill Road

City: Stone Ridge State: NY Zip Code: 12484

School Representative Contact Information:

Name: Barbara Ann Livermore Reer

Telephone No.: 845-802-7171 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Renee Mulligan

No. & Street: 3 Washington Center

City: Newburgh State: NY Zip Code: 12550

Signature of DLEA: [REDACTED] Date Prepared: 11/24/25

NYS Department of Labor
Apprentice Training

APR 20 2026

Central Office

WE ARE YOUR DOL



Sponsor Code 82416
Trade Code 42-639

Related Instruction Availability

Trade: Industrial Sewing Machine Operator (42-639)
Sponsor Name: Council of Industry
Sponsor Representative: Johnnieanne Hansen
Sponsor Address:
No. & Street: 263 Route 17k Suite 106 City: Newburgh
County: Orange State: NY Zip Code: 12550
Sponsor Telephone No.: 845-565-1355
Proposed Number of Apprentices: 5

AT Office

Name: NYSDOL Office of Apprentice Training,
No. & Street: 120 Bloomingdale Rd, Fl 2
City: White Plains State: NY Zip Code: 10605
Apprentice Training Representative: Jiwanda Gale-Rogers Date Prepared: _____

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

School

Name: SUNY Orange
No. & Street: 115 South Street
City: Middletown State: NY Zip Code: 10941
School Representative Contact Information:
Name: Erika Hackman, VP Academic Affairs
Telephone No.: 845-344-6222 Email: [REDACTED]

School

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

NYSDOL Department of Labor
Apprentice Training

APR 20 2026

Central Office:

DLEA

Name: Renee Mulligan
No. & Street: 3 Washington Center
City: Newburgh State: NY Zip Code: 12550
Signature of DLEA [REDACTED] Date Prepared: 11/24/25

WE ARE YOUR DOL



www.labor.ny.gov

Sponsor Code: 82416

Trade Code: 42-639

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Council of Industry

Located at: (Address) 263 Route 17k Suite106, Newburgh NY 12550

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

In the occupation of: (List Trade) Industrial Sewing Machine Operator

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 or Equivalent (GED/TASC)

Minimum Age: 18 Minimum Education: _____

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

(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:

Other:

Other:

NYS Department of Labor
Apprentice Training

APR 20 2026

Central Office

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

Name: Council of Industry

Address: 263 Route 17k Suite 106, Newburgh, NY 12550

Days: Monday - Friday Times: 9:00am - 5:00pm

Phone: (845) 565-1355 Email: [REDACTED]

Special Instructions:

All Applications Must be (please check) Received Postmarked **No Later Than:** _____



Selection Standards and Evaluations

Name of Candidate Belen Chavez	Trade Industrial Sewing Machine Operator
Address	City State Zip

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply. Educational Achievement <input checked="" type="checkbox"/> 2.5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2.5 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	25			Total
		10			
		10			
		5			
Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	25			Total
		10			
		10			
		5			
Seniority <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total				Total
Job Aptitude <input type="checkbox"/> _____ SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> _____ Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> _____ Other _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 0-5 Ability to Communicate <input checked="" type="checkbox"/> 0-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 0-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 0-5 Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total	20			Total
		5			
		5			
		5			
		5			

Total Allowable Points → 70 Total Score →

NYS Department of Labor
Apprentice Training
Rank _____

Evaluated by Johnnieanne Hansen Date APR 20 2026
(Name)

Sponsor Name Council of Industry Central Office

Sponsor Address 263 Rt 17k Suite 106, Newburgh, NY 12550



New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

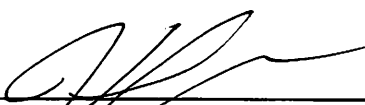
New Program Amended Renewal

To be Administered by (Sponsor's Name): Council of Industry

Address: 263 Route 17K Suite 106 Newburgh State: NY Zip: 12500

Plan is effective: From: 1/1/2023 To: 12/31/2027

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  Date: 3/4/26

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: Johnnieanne Hansen

Title: Chief Executive Officer

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

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Part III – Current and Projected Staffing and Annual Goals

Title of Trade Industrial Sewing Machine Operator

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	25	26	27	28	29	Totals
New Positions							
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV – Action Plans and Requirements

A. Outreach and Positive Recruitment Plan

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:

Sponsor communicates apprenticeship openings with area community colleges
Communicate openings with Workforce Investment Boards
Communicate opportunities with local Veterans organizations
Provide information to two staffing agencies
Provide information to Hudson Valley school districts
Provide information to RECAP
Provide information to ACCESS - VR

Direct Entry Provider(s): (See <https://www.labor.ny.gov/apprenticeship/direct-entry.shtm>.)

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Part IV – Action Plans and Requirements (continued)

B. Recruitment

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

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).

An area-wide public recruitment will publicize the following information:

 - a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (www.newyork.us.jobs/).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used. /1

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

/1 A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

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Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
- a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. /1
3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
- a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
4. Alternative selection methods. /2
- If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used must be attached and submitted to the Commissioner of Labor for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

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/1 Sponsors are advised to keep all applications for a minimum of one year.

/2 A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.