



NYS Department of Labor
Apprentice Training

New York State

MAR 30 2021

Registered Apprenticeship Training Program

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: Tasner Machine & Tool, Inc.
- B. Trade(s): Machinist
- 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: Tasner Machine & Tool, 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: 100 Industrial Dr.
City/Town: North Tonawanda State: NY Zip Code: 14120
- G. Email: * H. Phone: 716/531-8416 I. Fax: NA
- 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? 29
- 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:

- Any conviction for a crime under state or federal law? ☐ Yes ☒ No
- Any indictment or pending indictment for conduct constituting a crime under state or federal law? ☐ Yes ☒ No
- 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.

Timothy H. Tasner 12/10/2020
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Timothy H. Tasner, Owner / Operator

Sworn to me this: 10TH day of DEC.

Signature of Notary Public or Commissioner of Deeds
NYS Department of Labor
Apprentice Training

MAR 30 2021

Central Office

Received
Apprenticeship Unit

MAR 15 2021

ROCHESTER

NYS DOL Official Use Only

MARC GLEASON
Notary Public, State of New York
Qualified in Niagara County
Reg. No. 01GL6308877
My Commission Expires Aug. 25, 2022
Field - Receipt Date Stamp



Apprentice Training Program Registration Agreement

MAR 15 2021

Revision ☐

Nature of Change: New Program

Either Tim Tasner or Janice Tasner may sign as signatory.

State Use Only ROCHESTER	
AT Sponsor No.	
ATP Code	32-130
Effective Date of AT Program	

- Name of Sponsor: Tasner Machine & Tool, Inc.
- Mailing Address: 100 Industrial Drive North Tonawanda New York 14120 Niagara
(number & street) (city) (state) (zip code) (county)
- Actual Address: same as above
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (716) 695-6400 Ext. Fax No.: N/A
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist
- No. Employees: 4 No. Apprentices: 1 No. Journeyworkers: 1 8. Ratio: 1:1;1:1
- DOT Code: 600.280-022 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard ☒ or Revised ☐
- Minimum Journeyworker Rate: \$ 20.00 per hour 14. Effective Date of Wages: 10/29/2020

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

1	2	3	4	5	6	7	8	9	10
M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" 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"/>
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"/>
12	12	12	12						
\$12.50	\$14.00	\$16.00	\$18.00						

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

- Timothy H. Tasner 12/10/20
Signature of Official Sponsor Representative Date
Timothy H. Tasner, Owner / Operator
Print Name and Title
- Janice M. Tasner 12/10/20
Signature of Union Representative Date
JANICE M. TASNER, PRESIDENT
Print Name, Title, and Union Name

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

MAR 30 2021

Central Office

WE ARE YOUR DOL



Department
of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 32-130

Related Instruction Availability

Trade: Machinist

Sponsor Name: Tasner Machine & Tool, Inc.

Sponsor Representative: Tim Tasner

Sponsor Address:

No. & Street: 100 Industrial Drive

City: North Tonawanda

County: Niagara

State: New York

Zip Code: 14120

Sponsor Telephone No.: (716) 695-6400

Proposed Number of Apprentices: 1

AT Office

Name: NYS Department of Labor-Buffalo Apprenticeship

No. & Street: 290 Main Street, Mezzanine Level

City: Buffalo

State: New York

Zip Code: 14223

Apprentice Training Representative: [REDACTED]

Date Prepared: 11/3/20

☐ Related instruction is **not** available.

☒ Related instruction **is** available at:

School

Name: Niagara Community College

No. & Street: 3111 Saunders Settlement Road

City: Sanborn

State: New York

Zip Code: 14132

School Representative Contact Information:

Name: Workforce Development

Telephone No.: 716-614-6236

Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____

State: _____

Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____

Email: _____

DLEA

Name: [REDACTED]

No. & Street: 4124 Saunders Settlement Rd.

City: Sanborn

State: NY

Zip Code: 14132

Signature of DLEA [REDACTED]

Date Prepared: 11/4/2020



SAE GRANT

MAR 30 2021

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____

ATP Code **32-130**

Name of Apprentice (Last, First, MI)
Tasner, Nicholas W.

1. Name of Program Sponsor

Tasner Machine & Tool, Inc.

Physical address of Program Sponsor (no. and street)

100 Industrial Drive

City

County

State

Zip code

North Tonawanda Niagara New York 14120

Mailing address of Program Sponsor (no. and street)

100 Industrial Drive

City

County

State

Zip code

North Tonawanda Niagara New York 14120

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

Machinist

3. Start Date

4. Length of program (Months)

48 months

5. DOL Apprentice Probation Period for Completion Rates (Months) **12 months**

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

Niagara Community College, 3111 Saunders Settlement Rd, Sanborn, NY 14132

RI Compensated

☐ Yes

☒ No

7. Minimum Journey-Worker Rate

\$20.00/hour

8. Credit for previous training or experience:

36 Months

Points

Sections

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

Tasner Machine & Tool, Inc.

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
12	12	12	12						
\$12.50	\$14.00	\$16.00	\$18.00						

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

Nicholas W. Tasner

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

1/28/21

Date

Timothy H. Tasner

Signature of Official Sponsor Representative

1/28/21

Date

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

State Use Only

Date **3/19/21** Init. **AP**
To ATC _____
To DLEA _____
Rank Verify _____
Data Entry _____

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 _____



Department
of Labor

New York State Department of Labor

Received
Apprenticeship Unit

MAR 15 2021

Apprentice Training Recruitment Notification and Minimum Qualifications

NYS Department of Labor
Apprentice Training

ROCHESTER

MAR 30 2021

Sponsor Code _____

Trade Code 32-130

Central Office

Tasner Machine & Tool, Inc.

, located at

(Sponsor)

100 Industrial Drive, North Tonawanda, NY 14120

(Address)

is presently accepting applications for an estimated 1 apprentice training positions in

(No. of Openings)

the occupation of

Machinist

(Trade)

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 High School Equivalency Diploma (such as TASC or GED). Proof required after selection and prior to enrollment.

Physical Condition: Be physically able to perform the work required as determined by
applicant statement. Must be able to lift up to 50 pounds unassisted.

(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 an employee of the company for a minimum of six months.

Must have a valid driver's license; may be required to operate company vehicle.

Other:

Must be able to hear and understand verbal instructions and warnings given in English.

Must attend all classes at the approved school as required to complete this Apprenticeship program.

Other:

Must provide own hand tools such as calipers, micrometers and machinist scale. Estimated cost for those tools is \$200.00.

Application Forms May be Obtained From:

Dates:

From: _____ To: _____

Name: Tasner Machine & Tool, Inc.

Days: _____

Address:

Times: _____

100 Industrial Drive, North Tonawanda, NY 14120

Phone Number: (716) 695 - 6400

Email Address: _____

Special Instructions:

All Applications Must be (please check) ☐ Received ☐ Postmarked no Later Than: _____



Department of Labor

New York State Department of Labor

Received
Apprenticeship Unit

MAR 15 2021

Sponsor Code _____
Trade Code(s) 32-130 _____

ROCHESTER

Selection Standards and Evaluations

Name of Candidate	Trade Machinist		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement		Total			Total
<input checked="" type="checkbox"/> 1	Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	24			
<input checked="" type="checkbox"/> 2	Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	4			
<input checked="" type="checkbox"/> 3	Points for Each Trade Related Adult or Continuing Education Course Completed	8			
<input type="checkbox"/> Other	_____	12			
Work Experience		Total			Total
<input checked="" type="checkbox"/> 3	Points for Each Year of Trade Related Work Experience	23			
<input checked="" type="checkbox"/> 2	Points for Each Year of Active Military Experience	12			
<input checked="" type="checkbox"/> 1	Points for Each Year of General Work Experience	8			
<input type="checkbox"/> Other	_____	3			
Seniority		Total			Total
<input checked="" type="checkbox"/> 4	Points for Each Year of Employment With The Sponsoring Firm	12			
<input type="checkbox"/> Other	_____	12			
Job Aptitude		Total			Total
<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 _____	_____				
Oral Interview: Not to Exceed 40% of Total Score		Total			Total
<input checked="" type="checkbox"/> 1	Ability to Communicate	16			
<input checked="" type="checkbox"/> 1	Willingness to Accept Obligation of Apprenticeship	4			
<input checked="" type="checkbox"/> 1	Ability to Reason and Comprehend	4			
<input checked="" type="checkbox"/> 1	Interest and Motivation	4			
<input type="checkbox"/> Other	_____	4			
<input type="checkbox"/> Other	_____				

Total Allowable Points



75

Total Score →

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Tasner Machine & Tool, Inc.

Sponsor Address 100 Industrial Drive, North Tonawanda, NY 14120

AT 508 (5-16)

NYS Department of Labor
Apprentice Training

MAR 30 2021

Central Office



MAR 15 2021

ROCHESTER

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 (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:

Timothy H. Tasner

12/10/2020

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

Date

Tim Tasner, Owner/Operator

Print Name and Title

Approved by:

NYS Department of Labor

Date

Sponsor Name Tasner Machine & Tool, Inc. Sponsor Code _____ No. of Apprentices 1

Trade(s) Machinist NYS Department of Labor Apprentice Training Trade Code(s) 32-130