



NYS DOL Use Only: Sponsor No. _____
[] New Program [] Reactivation [] Revision [] Recertification

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

Sponsor Information Sheet and Instructions

DEC 15 2022

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: Teresian House Center for the Elderly

B. Trade(s): Certified Nursing Assistant (CNA)

C. Type of Apprenticeship Training Program (check one):

- 1. [X] 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: Teresian House Center for the Elderly

E. Entity completing this form (check one):

- [X] 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: 200 Washington Avenue Ext.

City/Town: Albany State: NY Zip Code: 12203

G. Email: [Redacted] H. Phone: (518) 456-2000 I. Fax: (518) 456-1142

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? [X] Yes [] No

M. Type of Entity (check one and provide attachments as noted in the instructions):

- [] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [X] Other

N. How many years has your organization been in business? 48

O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] 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 [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	80-611C
Effective Date of AT Program	

1. Name of Sponsor: Teresian House Center for the Elderly
2. Mailing Address: 200 Washington Ave Ext. Albany NY 12203 Albany
(number & street) (city) (state) (zip code) (county)
3. Actual Address: Same
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: 518-456-2000 Ext. _____ Fax No.: 518-456-1142
5. E-mail Address: [REDACTED]
6. Trade/Occupation: CERTIFIED NURSING ASSISTANT (CNA)
7. No. Employees: 400 No. Apprentices: 4 No. Journeyworkers: 150 8. Ratio: 1:1,1:1
9. DOT Code: 31-1131.00 10. Length of Program: 12 months
11. Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
13. Minimum Journeyworker Rate: \$ 15.00 per hr 14. Effective Date of Wages: 01/01/2022

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 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"/>	M <input 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"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
0-140	141-2000									
13.20	15.00									

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

17. [Signature] 12/14/22 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date

 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor

NYS Department of Labor
 Apprentice Training

DEC 15 2022



Apprenticeship Training Program

Related Instruction Availability

Trade: Certified Nursing Assistant (CNA)

Sponsor Name: Teresian House Center for the Elderly

Sponsor Representative: Andrea Hewitt

Sponsor Address:

No. & Street: 200 Washington Avenue Ext. City: Albany

County: Albany State: NY Zip Code: 12203

Sponsor Telephone No.: 5184562000

Proposed Number of Apprentices: 4

*NYS Department of Labor
Apprentice Training*

DEC 15 2022

Central Office

AT Office

Name: NYS DOL Albany

No. & Street: W. Averell Harriman State Office Campus Building 12, Room 455/459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [Redacted] Date Prepared: 3/25/19

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

School

Name: Schenectady County Community College

No. & Street: 78 Washington Ave.

City: Schenectady State: NY Zip Code: 12305

School Representative Contact Information:

Name: Lauren Lankau Telephone No.: 5183965982 Email: [Redacted]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____ Telephone No.: _____ Email: _____

DLEA

Name: Christie Davis

No. & Street: 2805 State Highway 67,

City: Johnstown State: NY Zip Code: 12095

Signature of DLEA [Redacted] Date Prepared: 12/13/22



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Teresian House Center for the Elderly

Located at: (Address) 200 Washburn Ave Ext Albany NY 12203.

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

In the occupation of: (List Trade) Certified Nursing Assistant (CNA)

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

Minimum Qualifications Must have a high school diploma or a high school equivalency diploma (such as TASC or GED).
Minimum Age: 18 Minimum Education: _____

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

- Must be physically able to perform the work required as determined by a physical exam and drug testing after selection and prior to enrollment in apprenticeship, at the expense of the sponsor.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: •Must have reliable means of transportation to and from work and required classes at the approved school.

Other: _____

Other: _____

*NYS Department of Labor
Apprentice Training
DEC 15 2022
Central Office*

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

Name: _____

Address: _____

Days: _____ Times: _____

Phone: _____ Email: _____

Special Instructions: _____

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



Selection Standards and Evaluations

Name of Candidate: Teresian Nursing Home Trade: Certified Nursing Assistant (CNA)
Address: 200 Washington Ave. 5th City: Albany State: Ny Zip: 12203

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

Total Allowable Points →

50	Total Score →	
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Evaluated by: [Signature] Rank _____
(Name) Date: 12/12/2022

Sponsor Name: Teresian House Center for the Elderly
Sponsor Address: _____

NYS Department of Labor
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WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

Non-Discrimination Plan (Short Form)

- A. **Equal Opportunity Pledge:** Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

- B. **Sexual Harassment Prevention Policy:** Our policy is that sexual harassment is **prohibited**. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director **must** be notified of the complaint.

- C. **Minimum Qualifications and Selection Standards:** It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

- D. **Recruitment:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- Listing all apprentice openings with the NYS Job Bank (<https://newyork.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.

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

Signature of Sponsor: _____

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

Date

12/15/22

Print Name and Title

Approved by: _____

New York State Department of Labor

Date

Sponsor Name Teresian House Center for the Elderl Sponsor Code _____

No. of Apprentices _____

Trade(s) CERTIFIED NURSING ASSISTANT (CNA)

Trade Code(s) 80-611C

NYS Department of Labor
Apprentice Training

AT 602 (12/21)

DEC 15 2022

Central Office