



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprentice Training

Sponsor Information Sheet and Instructions

MAY 20 2021

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: Triza Electrical Corp.

B. Trade(s): Electrician

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

- 1. [checked] 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: Triza Electrical Corp.

E. Entity completing this form (check one):

- [checked] 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: 24-28 45th Street

City/Town: Astoria State: NY Zip Code: 11103

G. Email: [redacted] H. Phone: (718) 728-1111 I. Fax: N/A

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? [checked] Yes [] No

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

- [checked] 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 [checked] 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 [checked] 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 [checked] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [checked] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [checked] 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 3/4/20

Print name and title: Chris Triantafillou, President

Sworn to me this: 4 day of March 2020 _____
 Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
 Apprentice Training
 MAY 20 2021
 Central Office



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	<u>17 - 072</u>
Effective Date of AT Program	

- 1. Name of Sponsor: Triza Electrical Corp.
- 2. Mailing Address: 24-28 45th Street Astoria NY 11103 Queens
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 24-28 45th Street Astoria NY 11103 Queens
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: (718) 728-1111 Ext. _____ Fax No.: N/A
- 5. E-mail Address: [REDACTED]
- 6. Trade/Occupation: Electrician
- 7. No. Employees: 8 No. Apprentices: 1 No. Journeyworkers: 4 8. Ratio: 1:1,1:3
- 9. DOT Code: 824.261-010 10. Length of Program: 60 months
- 11. Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 19 per hour 14. Effective Date of Wages: 5/27/20

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"/>
H <input checked="" type="checkbox"/> 1,640	H <input checked="" type="checkbox"/> 1,640	H <input checked="" type="checkbox"/> 1,640	H <input checked="" type="checkbox"/> 1,640	H <input checked="" type="checkbox"/> 1,640	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
14.50	15.50	16.50	17.50	18.50					

NYS Department of Labor
Apprenticeship Training Office

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

17. [Signature] 5/27/20 18. _____
Signature of Official Sponsor Representative Date Signature of Union Representative Date

Chris Triantafillou, President _____
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

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WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 17-072

Related Instruction Availability

Trade: Electrician

Sponsor Name: Triza Electrical Corp.

Sponsor Representative: Chris Triantafillou

Sponsor Address:

No. & Street: 24-28 45th Street City: Astoria

County: Queens State: NY Zip Code: 11103

Sponsor Telephone No.: (718) 728 - 1111

Proposed Number of Apprentices: 1

AT Office

Name: NYS DOL Apprenticeship Program

No. & Street: 9 Bond Street , 4th floor , Room. 4570

City: Brooklyn State: NY Zip Code: 11201

Apprentice Training Representative: [REDACTED] Date Prepared: 3/9/20

Related instruction is not available. Related instruction is available at: NYS Department of Labor
Apprentice Training

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School

Name: Percy Jobs & Careers Apprenticeship Program at SUNY Maritime

No. & Street: 6 Pennyfield Avenue Central Office

City: Bronx State: NY Zip Code: 10465

School Representative Contact Information:

Name: Glenn B. Block / Charles L. Smith

Telephone No.: (315) 235 - 1737 / (315) 235 - 1765 Email: gblock@percyj.org / csmith@percyj.org

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

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Apprenticeship Training Office

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MAR 30 2021

DLEA

Name: [REDACTED]

No. & Street: [REDACTED]

City: Brooklyn State: NY Zip Code: 11216

Signature of DLEA: [REDACTED] Date Prepared: 3/24/21



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Apprenticeship Agreement

Please send to your regional DOL office:

NYS Department of Labor
Apprenticeship Training Office

I. Apprenticeship Agreement Central Office Sponsor No. _____ ATP Code 17-072 **MAY 18 REC'D**

Name of Apprentice (Last, First, M.I.) Poulakis, Steven		1. Name of Program Sponsor Triza Electrical Corp. NYC	
[Redacted]		Physical address of Program Sponsor (no. and street) 24-28 45th Street	
		City Astoria	County Queens
		State NY	Zip code 11103
[Redacted]		Mailing address of Program Sponsor (no. and street) 24-28 45th Street	
		City Astoria	County Queens
		State NY	Zip code 11103
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Percy Jobs & Careers Apprenticeship Program at SUNY Maritime - 6 Pennyfield Ave, Bronx NY 10465		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician	
3. Start Date		4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
7. Minimum Journey-Worker Rate \$19 per hour		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> 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
1,640 hours	1,640 hours	1,640 hours	1,640 hours	1,640 hours					
\$15.50	\$16.50	\$17.50	\$18.50	\$19.50					

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

Signature of Apprentice and Parent/Guardian if age 16-17: [Signature] Date: 5/11/21
 Signature of Official Sponsor Representative: [Signature] Date: 5/11/21

Registered by the New York State Department of Labor:

Signature New York State Department of Labor: _____ Date: 1/1

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.

Signature of DLEA Representative: _____ Date: _____ Print Name: _____

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



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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____
Trade Code 17-072

Triza Electrical Corp., located at _____

(Sponsor)

24-28 45th Street , Astoria NY 11103

(Address)

NYS Department of Labor
Apprentice Training

is presently accepting applications for an estimated 0 apprentice training positions in

(No. of Openings)

MAY 20 2021

the occupation of Electrician

(Trade)

Central Office

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 , GED equivalent or TASC

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

Must be physically able to perform the work of the trade, which may include:

- pulling cable, lifting up to 100 pounds, carrying up to 50 pounds, climbing ladders, standing 90% of the day, working at heights 20 feet or higher, working in confined spaces

(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 a resident of one of the 5 Boroughs of New York or Nassau County.

Must have reliable means of transportation for related instruction classes and to and from various job sites.

Other:

Additional physical demands: Must be physically able to use their hands to handle, control, or feel objects, tools, or controls. Must tolerate uncomfortable positions, such as kneeling or crouching. Repeat the same movements throughout the day, bending or twisting of their body, climb ladders, scaffolds, or poles. Walk or run for long periods of time.

Other:

Electrician Qualifications: When dealing with other people such as managers, fellow workers, and customers, the ability to listen to other people's needs and address them is crucial. See the details of objects that are less than a few feet away. See the differences between colors, shades, and brightness. React quickly using their hands, fingers or feet. Make quick, precise adjustments or machine controls. Understand the requirements for completing a project successfully and to client satisfaction by reading work orders or looking at technical blueprints and diagrams. Travel, when necessary, to different locations to perform tasks, sometimes over long distances. Understand industry standards and local building regulations so that they can protect themselves, fellow workers, and clients from electrical hazards.

Application Forms May be Obtained From:

Name: Triza Electrical Corp.

Address:
24-28 45th Street
Astoria NY, 11103

Phone Number: (718) 728 - 1111

Dates: From: _____ To: _____

Days: Monday - Friday

Times: 8:00 am - 4:30 pm

Email Address: _____

Special Instructions:

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



Selection Standards and Evaluations

Name of Candidate _____	Trade _____		
Address _____	City _____	State _____	Zip _____

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	
Educational Achievement	Total	21			Total
<input checked="" type="checkbox"/> 3 Points for Each Year of Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities		7			
<input checked="" type="checkbox"/> 2 Points for Each Year of Related Technical Education Past Grade 12 or Equivalent as Recognized by Local Educational Authorities		7			
<input type="checkbox"/> Points for Each Trade Related Adult or Continuing Education Course Completed		7			
<input type="checkbox"/> Other _____					
Work Experience	Total	9			Total
<input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience		3			
<input type="checkbox"/> Points for Each Year of Active Military Experience		3			
<input checked="" type="checkbox"/> 2 Points for Each Year of General Work Experience		3			
<input type="checkbox"/> Other _____					
Seniority	Total	9			Total
<input checked="" type="checkbox"/> 2 Points for Each Year of Employment With The Sponsoring Firm		9			
<input type="checkbox"/> Other _____					
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	20			Total
<input checked="" type="checkbox"/> 1-5 Ability to Communicate		5			
<input checked="" type="checkbox"/> 1-5 Willingness to Accept Obligation of Apprenticeship		5			
<input checked="" type="checkbox"/> 1-5 Ability to Reason and Comprehend		5			
<input checked="" type="checkbox"/> 1-5 Interest and Motivation		5			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

Total Allowable Points → **59** **Total Score** →

Rank _____

Evaluated by _____ (Name) _____ Date _____

Sponsor Name Triza Electrical Corp.

Sponsor Address 24-28 45th Street

AT 508 (5-16)

NYS Department of Labor
Apprentice Training

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Apprenticeship Training Office

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New York State Department of Labor

NYS Department of Labor
Apprenticeship Training Office

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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: _____

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

Date

3/9/20

Chris Triantafillou, President

Print Name and Title

Approved by: _____

NYS Department of Labor

Date

Sponsor Name Triza Electrical Corp.

Sponsor Code _____

No. of Apprentices 1

Trade(s) Electrician

Trade Code(s) 17-072

AT 602 (7-16)

NYS Department of Labor
Apprentice Training

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Central Office