



New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

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: United Cerebral Palsy Association of Cayuga County, Inc., dba. E. John Gavras Center
- B. Trade(s): Childcare Assistant, DSP, DSP Supervisor
- 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: United Cerebral Palsy Association of Cayuga County, Inc., dba. E. John G
- 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: 182 North Street
City/Town: Auburn State: NY Zip Code: 13021
- G. Email: [REDACTED] H. Phone: (315) 255-2746 I. Fax: (315) 255-2740
- 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? 68
- 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.

NYS Department of Labor
Apprentice Training

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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

Central Office

** 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

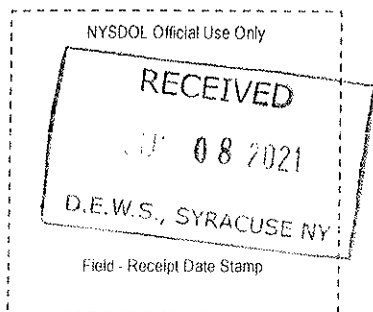
Date 06/04/2021

Print name and title: Danielle Wright, Executive Director/CEO

Sworn to me this: 4th day of June 2021

Signature of Notary Public or Commissioner of Deeds

Debra Sleight
Notary Public, State of New York
Qual. in Cayuga Co. No. 01SL6321541
Commission Expires March 23, 2023



NYS Department of Labor
Apprentice Training

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Apprentice Training Program Registration Agreement

Revision ☐

Nature of Change: New Program

State Use Only

AT Sponsor No.

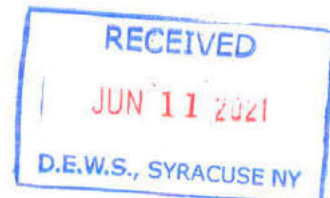
ATP Code

89-547

Effective Date
of AT Program

- Name of Sponsor: United Cerebral Palsy Association of Cayuga County, Inc., dba. E. John Gavras Center
- Mailing Address: 182 North Street Auburn NY 13021 Cayuga
(number & street) (city) (state) (zip code) (county)
- Actual Address: 182 North Street Auburn NY 13021 Cayuga
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-255-2746 Ext. 2109 Fax No.: 315-255-2740
- E-mail Address: [REDACTED]
- Trade/Occupation: DSP Direct Support Spec.
- No. Employees: 8 No. Apprentices: 0 No. Journeyworkers: 5 8. Ratio: 1:1
- ~~DOT~~ DOT Code: 195.367.900 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: ☒ Standard ☐ or Revised ☐
- Minimum Journeyworker Rate: \$ 13.25 per hour 14. Effective Date of Wages: 7/1/2021
- 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"/>
0-6	6-12	12-18	18-24						
12.50	12.75	13.00	13.25						



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

17. [Signature] 6/09/2021 18. [Signature]
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Sarah Wright Executive Director GO
Print Name and Title Print Name, Title, and Union Name

19.
Signature New York State Department of Labor Date

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Sponsor Code _____
Trade Code 89-547

Central Office

Related Instruction Availability

Trade: Direct Support Professional
Sponsor Name: E. John Gavras Center
Sponsor Representative: Danielle Wright
Sponsor Address:
No. & Street: 182 North Street City: Auburn
County: Cayuga State: NY Zip Code: 13021v
Sponsor Telephone No.: 315-255-2746
Proposed Number of Apprentices: _____

AT Office

Name: NYS Dept of Labor Apprenticeship Training
No. & Street: 450 S. Salina St Room 203
City: Syracuse State: NY Zip Code: 13202
Apprentice Training Representative: [REDACTED] Date Prepared: 6/9/21

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

School

Name: Cayuga Community College
No. & Street: 197 Franklin Street
City: Auburn State: NY Zip Code: 13021
School Representative Contact Information:
Name: Emily Cameron
Telephone No.: 315-294-8527 Email: [REDACTED]

School

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

DLEA

Name: [REDACTED]
No. & Street: 12 Allen St
City: Auburn State: NY Zip Code: 13021
Signature of DLEA: _____ Date Prepared: _____



Department
of Labor

New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code

Trade Code

89-547

United Cerebral Palsy Association of Cayuga County, Inc., dba. E. John Gavras Center, located at
(Sponsor)

182 North Street, Auburn, NY 13021

(Address)

is presently accepting applications for an estimated _____ apprentice training positions in
(No. of Openings)

the occupation of Direct Support Professional

(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 Graduate

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

Ability to assist with personal care, lifting of 75 pounds. Ability to stoop, bend, sit, stand, stretch, walk and run. Ability to respond to individuals requiring a behavioral intervention or crisis intervention (training provided)

(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:

Background Check, Fingerprinting, TB Test, Physical Form, Immunization Form. Company pays for Background Check, Fingerprinting Fees, and company does on site TB Testing.

Other:

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Other:

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Central Office

Application Forms May be Obtained From:

Name: Kyle Quick

Address:

182 North Street
Auburn, NY 13021

Phone Number: (315) 255 - 2746

Dates:

From:

To:

Days: Monday - Friday

Times: 8:30 am - 4:00 pm

Email Address: [REDACTED]

Special Instructions:

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



Department of Labor

New York State Department of Labor

Sponsor Code _____
Trade Code(s) DSP 89547

Selection Standards and Evaluations

Name of Candidate _____	Trade <u>Direct Support Specialist</u>		
Address _____	City _____	State _____	Zip _____

Only those checked apply.	Total	Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement <input checked="" type="checkbox"/> 5 Points for Each Year of Educational Past Grade ____ or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 5 Points for Each Year of Related Technical Education Past Grade ____ or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 5 Points for Each Trade Related Adult or Continuing Education Course Completed <input checked="" type="checkbox"/> 5 Other <u>Educational Certifications</u>	Total	20			Total
		5			
		5			
		5			
		5			
Work Experience <input checked="" type="checkbox"/> 5 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 5 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 2 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	20			Total
		5			
		5			
		5			
		2			
Seniority <input checked="" type="checkbox"/> 5 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	20			Total
		5			
Job Aptitude <input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> Name of Alternative Aptitude Test _____ <input type="checkbox"/> Administered by _____ <input type="checkbox"/> Other _____	Total	0			Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 15 Ability to Communicate <input checked="" type="checkbox"/> 5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 15 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	40			Total
		15			
		5			
		15			
		5			

Total Allowable Points



100	Total Score →
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Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name John Gauras Center

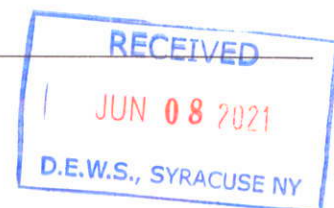
Sponsor Address 182 North St., Auburn, ny 13021

AT 508 (5-16)

NYS Department of Labor
Apprentice Training

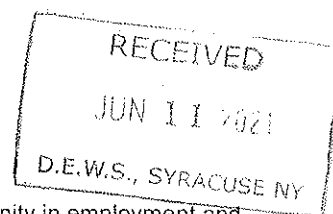
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Non-Discrimination Plan (Short Form)



- 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 _____

Danielle Wright, Executive Director / CEO

Print Name and Title

Approved by: _____

NYS Department of Labor

Date _____

Sponsor Name John Bauras Center Sponsor Code _____ No. of Apprentices _____

Trade(s) Direct Support professional Trade Code(s) 89-547

NYS Department of Labor
Apprentice Training

AT 602 (7-16)

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Central Office