



**NYSDOL 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**

**MAR 28 2024**

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.

Central Office

**Section I**

- A. Sponsor name: Upstate Niagara Cooperative
- B. Trade(s): Electro-Mechanical Technician, Dairy Specialist, Dairy Processor, Diesel-Engine Mechanic
- 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: Upstate Niagara Cooperative, LLC
- 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: PO Box 268  
 City/Town: Lancaster    State: NY    Zip Code: 14086
- G. Email: \_\_\_\_\_    H. Phone: (716) 892-3156    I. Fax: (176) 893-0963
- 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? 62
- 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:

- 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:

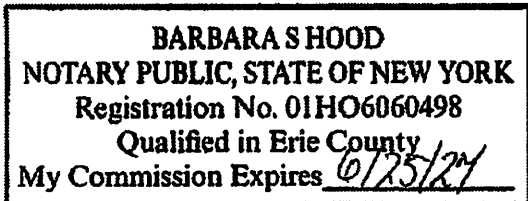
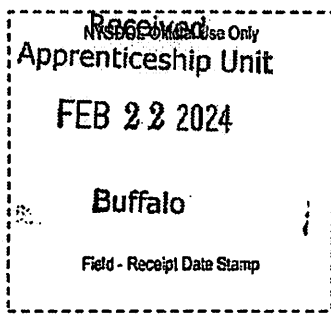
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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 11/20/2023

Print name and title: Kevin O. Ellis, CEO

Sworn to me this: 20th day of NOVEMBER \_\_\_\_\_  
 Signature of Notary Public or Commissioner of Deeds Barbara S. Hood



NYS Department of Labor  
 Apprenticeship Training  
 MAR 28 2024  
 Central Office

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Department  
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[www.labor.ny.gov](http://www.labor.ny.gov)

## Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Use Only	
AT Sponsor No.	
ATP Code	70-622
Effective Date of AT Program	

1. Name of Sponsor: Upstate Niagara Cooperative
2. Mailing Address: PO Box 268 Lancaster NY 14086 Erie  
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 368 Pleasant View Drive Lancaster NY 14086 Erie  
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: (716) 892-3156 Ext. \_\_\_\_\_ Fax No.: (716) 893-0963
5. E-mail Address: [REDACTED]
6. Trade/Occupation: Dairy Processor
7. No. Employees: 1700 No. Apprentices: 0 No. Journeyworkers: 240 8. Ratio: 1:1;1:1
9. DOT Code: O\*Net 51-3092.00 10. Length of Program: 36 months
11. Apprentice Probationary Period: 9 months 12. Work process: Standard  or Revised
13. Minimum Journeyworker Rate: \$23.00 per hour 14. Effective Date of Wages: 09/01/2023

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

1      2      3      4      5      6      7      8      9      10

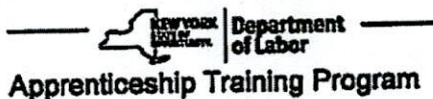
Months (check):	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input 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:	0-12	13-24	25-36							
Wage rate: or, percentage of the journeyworker rate:	\$19.00	\$20.00	\$22							

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

17. Julia Smith 2/28/24 18. [Signature] 02/28/2024  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Julia Smith Dr. Workforce Kenneth W. Vanzo, CEO, ONE  
Print Name and Title Development Print Name, Title, and Union Name

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

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Sponsor Code \_\_\_\_\_  
Trade Code 47-564; 70-591;  
70-622; 51-063

**Related Instruction Availability**

Trade: Electro-Mechanical, Dairy Specialist, Dairy Processor, Diesel-Engine Mechanic

Sponsor Name: Upstate Niagara Cooperative, Inc.

Sponsor Representative: Julia Smith

Sponsor Address:

No. & Street: PO Box 288 City: Lancaster

County: Erie State: NY Zip Code: 14086

Sponsor Telephone No.: 716-892-3156

Proposed Number of Apprentices: 10

NYS Department of Labor  
Apprentice Training

**MAR 28 2024**

**AT Office**

Name: Western-Buffalo Central Office

No. & Street: 290 Main St

City: Buffalo State: NY Zip Code: 14202

Apprentice Training Representative: Ryan Cox Date Prepared: 3/21/24

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

**School**

Name: Cornell University – College of Agriculture and Life Sciences

No. & Street: 164 Plant Science Building

City: Ithaca State: NY Zip Code: 14850

**School Representative Contact Information:**

Name: Sharon Clark

Telephone No.: (607) 255-2215 Email: [REDACTED]

**School**

Name: SUNY Morrisville

No. & Street: 80 Eaton Street

City: Morrisville State: NY Zip Code: 13408

**School Representative Contact Information:**

Name: Taylor Massett

Telephone No.: (315) 684-6000 Email: [REDACTED]

**DLEA**

Name: Deborah Parnow Regional Associate

No. & Street: 89 Washington Ave

City: Albany State: NY Zip Code: 12234

Signature of DLEA: [REDACTED] Date Prepared: 4/11/24

# WE ARE YOUR DOL



Sponsor Code \_\_\_\_\_  
Trade Code 47-564; 70-591;  
70-622; 51-063

## Related Instruction Availability

Trade: Electro-Mechanical, Dairy Specialist, Dairy Processor, Diesel-Engine Mechanic

Sponsor Name: Upstate Niagara Cooperative, Inc.

Sponsor Representative: Julia Smith

Sponsor Address:  
No. & Street: PO Box 288 City: Lancaster  
County: Erie State: NY Zip Code: 14086

Sponsor Telephone No.: 716-892-3156 NYS Department of Labor  
Apprentice Training

Proposed Number of Apprentices: 10 **MAR 28 2024**

**AT Office**  
Name: Western-Buffalo **Central Office**  
No. & Street: 290 Main St  
City: Buffalo State: NY Zip Code: 14202  
Apprentice Training Representative: Ryan Cox Date Prepared: 3/21/24

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

### School

Name: Genesee Community College

No. & Street: 1 College Rd

City: Batavia State: NY Zip Code: 14020

School Representative Contact Information:  
Name: Jennifer Wakefield  
Telephone No.: (585) 343-0055 Email: [REDACTED]

### School

Name: SUNY Morrisville

No. & Street: 80 Eaton Street

City: Morrisville State: NY Zip Code: 13408

School Representative Contact Information:  
Name: Taylor Massett  
Telephone No.: (315) 684-6000 Email: [REDACTED]

### DLEA

Name: Deborah Parrow Regional Associate

No. & Street: 89 Washington Ave.

City: Albany State: NY Zip Code: 12234

Signature of DLEA: [REDACTED] Date Prepared: 4/11/24



### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Upstate Niagara Cooperative

Located at: (Address) 368 Pleasant View Drive Lancaster, NY 14086

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 20

In the occupation of: (List Trade) Dairy Processor

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

**Minimum Qualifications** None  
Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

**Per candidate statement, must be able to lift at least 50 pounds and stand for long periods of time**

(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

**MAR 28 2024**

Central Office

Application forms may be obtained: From: 10/02/2023 To: 10/02/2024

Name: Julia Smith

Address: 368 Pleasant View Drive, Lancaster NY 14086

Days: Wednesday/Thursday Times: 10AM-4PM

Phone: (585) 590-2281 Email: [REDACTED]

Special Instructions:

Email requests are preferred

All Applications Must be (please check)  Received  Postmarked **No Later Than:** 10/02/2024



**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Dairy Processor

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>					
<input checked="" type="checkbox"/>	<u>2.5</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	110			Total
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade <u>10</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 checked="" type="checkbox"/>	<u>10</u> Other: <small>10 points per hour of content related instruction credit or non creditbearing-cert. of completion must be shown.</small>	100			
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>10</u> Points for Each Year of Trade Related Work Experience	30			Total
<input checked="" type="checkbox"/>	<u>2.5</u> Points for Each Year of Active Military Experience	20			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5			
<input type="checkbox"/>	Other: _____	5			
<b>Seniority</b>					
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	10			Total
<input type="checkbox"/>	Other: _____	10			
<b>Job Aptitude</b>					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
<input type="checkbox"/>	Administered by _____				
<input type="checkbox"/>	Other: _____				
<b>Oral Interview: Not to Exceed 40% of Total Score</b>					
<input checked="" type="checkbox"/>	<u>5</u> Ability to Communicate	100			Total
<input checked="" type="checkbox"/>	<u>5</u> Willingness to Accept Obligation of Apprenticeship	25			
<input checked="" type="checkbox"/>	<u>5</u> Ability to Reason and Comprehend	25			
<input checked="" type="checkbox"/>	<u>5</u> Interest and Motivation	25			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

250	Total Score →
-----	---------------

Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name) Date: \_\_\_\_\_

Sponsor Name: Upstate Niagara Cooperative NYS Department of Labor  
Apprentice Training

Sponsor Address: 368 Pleasant View Drive Lancaster, NY 14086 **MAR 28 2024**

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Department  
of Labor

Sponsor Code \_\_\_\_\_

Trade Code(s) 70-622, 70-591,

51-063, 47-564

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

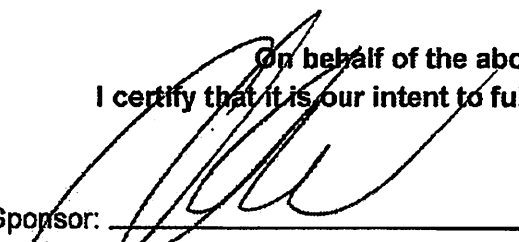
New Program     Amended     Renewal

To be Administered by (Sponsor's Name): Upstate Niagara Cooperative

Address: 368 Pleasant View Drive Lancaster State: NY Zip: 14086

Plan is effective: From: 2024 To: 2028

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

Signature of Sponsor:  Date: 11/20/2023

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: Kevin J. Ellis

Title: CEO

NYS Department of Labor  
Apprentice Training

MAR 28 2024

Central Office

Do not write below this line.



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

Title: \_\_\_\_\_







**Part III Addendum  
Current and Projected Staffing and Annual Goals**

Title of Trade **Dairy Specialist**

**A. Current Staffing in the Above Trade**

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

**B. Projected Number of Apprentice Indentures\***

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
New Positions	[REDACTED]						
Vacancies from Turnover**	[REDACTED]						
Total Indentures	[REDACTED]						

**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>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
African American	[REDACTED]						
Hispanic	[REDACTED]						
Other Minority	[REDACTED]						
Women	[REDACTED]						
Total Indentures	[REDACTED]						

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 (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/](http://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 (<https://newyork.usnlx.com/>).
- 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.\*

**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.

NYS Department of Labor  
Apprentice Training

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Central Office

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

**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.\*
  
- 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.\*\*

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.

**NYS Department of Labor  
Apprentice Training**

**MAR 28 2024**

**Central Office**

\* Sponsors are advised to keep all applications for a minimum of one year.

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