

NYS Department of Labor
Apprentice Training

New York State

Registered Apprenticeship Training Program

DEC 27 2023

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: Upstate Pole Services, LLC

B. Trade(s): Electrical (Outside) Line Worker

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: Upstate Pole Services, LLC

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: 11 Hall St

City/Town: Binghamton State: NY Zip Code: 13903

G. Email: [redacted] H. Phone: (607) 759-7308 I. Fax: [redacted]

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 [X] No

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

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

N. How many years has your organization been in business? 5

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.

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 11-27-2023

Print name and title: DAW ENGLISH, PRESIDENT

Sworn to me this: 27 day of November

[Signature]  
Signature of Notary Public or Commissioner of Deeds  
NYS Department of Labor  
Apprentice Training  
Notary Public, State of New York  
Reg. in Tioga County 01BE6373237  
My Commission Expires April 2, 2026

NYS DOL Official Use Only

Field - Receipt Date Stamp

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program Application

| State Use Only               |        |
|------------------------------|--------|
| AT Sponsor No.               |        |
| ATP Code                     | 17-071 |
| Effective Date of AT Program |        |

- Name of Sponsor: Upstate Pole Services, LLC
- Mailing Address: 11 Hall St Binghamton NY 13903 Broome  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 11 Hall St Binghamton NY 13903 Broome  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (607) 759-7308 Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
- E-mail Address: [REDACTED]
- Trade/Occupation: Electrical (Outside) Line Worker
- No. Employees: 8 No. Apprentices: 1 No. Journeyworkers: 2 8. Ratio: 1:1,1:2
- DOT Code: 821.361-018 10. Length of Program: 42 months
- Apprentice Probationary Period: 9 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 44 per Hour 14. Effective Date of Wages: 10/01/2023

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

|                                       | 1                                     | 2                                     | 3                                     | 4                          | 5                          | 6                          | 7                          | 8                          | 9                          | 10                         |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 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"/> | 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"/> | H <input type="checkbox"/> |
|                                       | 12                                    | 12                                    | 12                                    | 6                          |                            |                            |                            |                            |                            |                            |
|                                       | 22                                    | 28.60                                 | 33                                    | 39.6                       |                            |                            |                            |                            |                            |                            |

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

17. [Signature] 11-27-23 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
DAN ENGLISH PRESIDENT XX  
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 17-071

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D.E.W.S., SYRACUSE NY

**Related Instruction Availability**

Trade: Electrical (Outside) Line Worker  
Sponsor Name: Upstate Pole Services, LLC  
Sponsor Representative: Dan English  
Sponsor Address:  
No. & Street: 11 Hall Street City: Binghamton  
County: Broome State: NY Zip Code: 13903  
Sponsor Telephone No.: 607-759-7308  
Proposed Number of Apprentices: 1

**AT Office**

Name: Central Region  
No. & Street: 450 S. Salina Street, Room 203  
City: Syracuse State: NY Zip Code: 13202  
Apprentice Training Representative: [REDACTED] Date Prepared: 12/1/23

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

**School**

Name: Northwest Lineman College  
No. & Street: 501 Pullman Road  
City: Edgewater State: FL Zip Code: 32132  
School Representative Contact Information:  
Name: Jenna Hall (Director, Apprenticeship Operations)  
Telephone No.: 208-513-1858 Email: [REDACTED]

**School**

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

**DLEA**

Name: Lynette Bryan  
No. & Street: 435 Glenwood Road  
City: Binghamton State: NY Zip Code: 13905  
Signature of DLEA: [REDACTED] Date Prepared: 12/18/23

**Apprenticeship Agreement**

I. Apprenticeship Agreement **Central Office**

Sponsor No. \_\_\_\_\_ ATP Code 17-071

|   |   |   |  |
|---|---|---|--|
|   | 1. Name of Program Sponsor<br><b>Upstate Pole Services, LLC</b>           |   |  |
|   | Physical address of Program Sponsor (no. and street)<br><b>11 Hall St</b> |   |  |
|   | City<br><b>Binghamton</b>   | County<br><b>Broome</b>   | State Zip code<br><b>NY 13903</b>  |
|   | Mailing address of Program Sponsor (no. and street)<br><b>11 Hall St</b>  |   |  |
|   | City<br><b>Binghamton</b>   | County<br><b>Broome</b>   | State Zip code<br><b>NY 13903</b>  |
| 2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid<br><b>Electrical (Outside) Line Worker</b>   |   |   |  |
| Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," Trade _____ State _____  | 3. Start Date<br><b>42</b>  | 4. Length of program (Months)<br><b>42</b>  | 5. DOL Apprentice Probation Period for Completion Rates (Months)<br><b>9</b> |
| 6. Related and Supplemental Instruction (RI) Provider(s) and location(s)<br><b>Northwest Lineman College</b>  |   | RI Compensated<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7. Minimum Journey-Worker Rate<br><b>\$44.00</b>                             |
| 8. Credit for previous training or experience: <b>n/a</b> Months <b>N/a</b> Points <b>N/a</b> Sections <b>N/a</b><br><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 |
|---------|---------|---------|------|---|---|---|---|---|----|
| 12      | 12      | 12      | 6    |   |   |   |   |   |    |
| \$22.00 | \$28.60 | \$33.00 | 39.6 |   |   |   |   |   |    |

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

\_\_\_\_\_  
 Date 10/24/23 Signature of Official Sponsor Representative William Ector Date 11/27/23

Registered by the New York State Department of Labor:

\_\_\_\_\_  
 Signature New York State Department of Labor Date

| State Use Only         |            |
|------------------------|------------|
| Date                   | Init.      |
| To ATC <u>12/19/23</u> | <u>ELF</u> |
| 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.

**STATE USE ONLY**

**III. RI Completion**

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
 Apprentice has not satisfied the RI requirements.

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

\_\_\_\_\_  
 Signature of DLEA Representative Date Print Name



DEC 27 2023

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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 (<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:  11-27-2023  
Date

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

Approved by: DAVE ENGLISH PRESIDENT  
Title  
Date 1/5/24

Sponsor Name Upstate Pole Services LLC Sponsor Code \_\_\_\_\_ No. of Apprentices 1

Trade(s) Electrical (Outside) Line Worker Trade Code(s) 17-071

DEC 27 2023

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### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Upstate Pole Services, LLC

Located at: (Address) 11 Hall Street Binghamton, NY 13903

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Electrical (Outside) Line Worker

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

**Minimum Qualifications** **High School Diploma or Equivalent (TASC/GED)**

Minimum Age: 18 Minimum Education: \_\_\_\_\_

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

**Verbally attest to the ability to lift up to 50 pounds, and ability to work at heights up to 60 feet above grade.**

(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:

Application forms may be obtained: From: 12/01/2023 To: 12/31/2023

Name: Will Eaton

Address: 11 Hall Street Binghamton, NY 13903

Days: Monday-Friday Times: 7:00am-3:00pm

Phone: (607) 759-7308 Email: \_\_\_\_\_

Special Instructions:

Applications can be accepted by email: \_\_\_\_\_

All Applications Must be (please check)  Received  Postmarked **No Later Than:** 12/31/2023

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

Trade Code(s) 17-071

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Electrical (Outside) Line Worker

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>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities                   | 15                       |                          |       | Total |
| <input checked="" type="checkbox"/>                     | <u>1</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities | 5                        |                          |       |       |
| <input checked="" type="checkbox"/>                     | <u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed  | 5                        |                          |       |       |
| <input type="checkbox"/>                                | Other: _____   | 5                        |                          |       |       |
| <input type="checkbox"/>                                | Other: _____   |                          |                          |       |       |
| <b>Work Experience</b>                                  |  |                          |                          |       |       |
| <input checked="" type="checkbox"/>                     | <u>2</u> Points for Each Year of Trade Related Work Experience   | 20                       |                          |       | Total |
| <input checked="" type="checkbox"/>                     | <u>1</u> Points for Each Year of Active Military Experience  | 10                       |                          |       |       |
| <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   | 5                        |                          |       | Total |
| <input type="checkbox"/>                                | Other: _____   | 5                        |                          |       |       |
| <b>Job Aptitude</b>                                     |  |                          |                          |       |       |
| <input type="checkbox"/>                                | Name of Aptitude Test: _____   |                          |                          |       | Total |
|   | Administered by _____  |                          |                          |       |       |
| <input type="checkbox"/>                                | Other: _____   |                          |                          |       |       |
| <b>Oral Interview: Not to Exceed 40% of Total Score</b> |  |                          |                          |       |       |
| <input checked="" type="checkbox"/>                     | <u>1</u> Ability to Communicate  | 24                       |                          |       | Total |
| <input checked="" type="checkbox"/>                     | <u>1</u> Willingness to Accept Obligation of Apprenticeship  | 6                        |                          |       |       |
| <input checked="" type="checkbox"/>                     | <u>1</u> Ability to Reason and Comprehend  | 6                        |                          |       |       |
| <input checked="" type="checkbox"/>                     | <u>1</u> Interest and Motivation   | 6                        |                          |       |       |
| <input type="checkbox"/>                                | Other: _____   | 6                        |                          |       |       |
| <input type="checkbox"/>                                | Other: _____   |                          |                          |       |       |

Total Allowable Points → 

|    |               |
|----|---------------|
| 64 | Total Score → |
|----|---------------|

Rank \_\_\_\_\_

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

Sponsor Name: Upstate Pole Services, LLC

Sponsor Address: 11 Hall Street Binghamton, NY 13903