



NYS DOL Use Only: Sponsor No. _____ <input checked="" type="checkbox"/> New Program <input type="checkbox"/> Reactivation <input type="checkbox"/> Revision <input type="checkbox"/> Recertification

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

NYS Department of Labor
Apprentice Training

SEP 13 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. Central Office

Section I

- A. Sponsor name: Village of Skaneateles
- B. Trade(s): Electrical (Outside) Line Worker
- 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: Village of Skaneateles
- 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: 26 Fennell St
 City/Town: Skaneateles State: NY Zip Code: 13152
- G. Email: [REDACTED] H. Phone: (315) 209-2229 I. Fax: _____
- 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 (Municipality)
- N. How many years has your organization been in business? 188 yrs
- 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: Mary Sennett Date: 8/27/2021

Print name and title: Mary Sennett Mayor

Sworn to me this: 27 day of August, 2021 Patricia A. Couch
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training

SEP 13 2021

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Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- Name of Sponsor: Village of Skaneateles
- Mailing Address: 26 Fennell St Skaneateles NY 13152 Onondaga
(number & street) (city) (state) (zip code) (county)
- Actual Address: _____
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-209-2229 Ext. _____ Fax No.: _____
- E-mail Address: _____
- Trade/Occupation: Electrical (Outside) Line Worker
- No. Employees: 4 No. Apprentices: 01 No. Journeyworkers: 2 8. Ratio: 1:1; 1:2
- DOT Code: 821.361-.018 10. Length of Program: 42 months
- Apprentice Probationary Period: 10.5 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 31.71 per hour 14. Effective Date of Wages: 6/1/21

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"/>
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"/>
<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>						
<u>\$21.76</u>	<u>\$25.56</u>	<u>\$30.33</u>	<u>\$31.71</u>						



- The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- Signature of Official Sponsor Representative: Mary Sennett Date: 8/27/2021
Print Name and Title: Mary Sennett - Mayor
- Signature of Union Representative: David J. Short Date: 8/30/21
Print Name, Title, and Union Name: David J. Short, PRES., CSEA 7814

19. _____
Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training
SEP 13 2021
Central Office

Apprenticeship Agreement

I. Apprenticeship Agreement Central Office Sponsor No. _____ ATP Code 17-071

Name of Apprentice (Last, First, M.I.) Wolf, Corey T		1. Name of Program Sponsor Village of Skaneateles	
[Redacted]		Physical address of Program Sponsor (no. and street) 26 Fennell St	
		City Skaneateles	County Onondaga
		State NY	Zip code 13152
[Redacted]		Mailing address of Program Sponsor (no. and street)	
		City	County
[Redacted]		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrical (Outside) Line Worker	
3. Start Date	4. Length of program (Months) 42	5. DOL Apprentice Probation Period for Completion Rates (Months) 10.5	

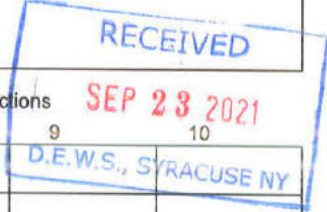
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) MEUA - Fairport NY	RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$31.71
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8. Credit for previous training or experience: Months _____ Points _____ Sections _____

Reinstatement Vocational Education Transfer 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							
\$21.76	\$25.56	\$30.33							



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: Corey Wolf Date: 9/17/2021
 Signature of Official Sponsor Representative: [Signature] Date: 9/17/2021

Registered by the New York State Department of Labor:

State Use Only		
	Date	Init.
To ATC	_____	_____
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.

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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Apprenticeship Training Program

Sponsor Code _____

Trade Code 17-071

Related Instruction Availability

Trade: Electrical (Outside) Line Worker

Sponsor Name: Village of Skaneateles

Sponsor Representative: _____

Sponsor Address: _____

No. & Street: 26 Fennel St City: Skaneateles

County: Onondaga State: NY Zip Code: 13152

Sponsor Telephone No.: _____

Proposed Number of Apprentices: _____

AT Office

Name: NYS Department 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: _____

Related instruction is **not** available.

Related instruction is **available** at:

School

Name: Municipal Electric Utilities Association (MEUA)

No. & Street: Fairport Location

City: Fairport State: NY Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

*NYS Department of Labor
Apprentice Training*

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School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

Central Office

DLEA

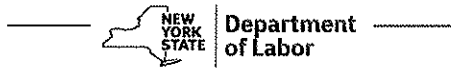
Name: [REDACTED]

No. & Street: 573 E. Genesee St

City: Syracuse State: NY Zip Code: 13601

Signature of DLEA [REDACTED] Date Prepared: 9-9-21

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www.labor.ny.gov

Sponsor Code: _____

Trade Code: 17-071

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Village of Skaneateles

Located at: (Address) 26 Fennel St, Skaneateles NY 13152

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

Minimum Age: 18 Minimum Education: High School Diploma/GED/TASC

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

(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

SEP 13 2021

Central Office

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

Name: Village of Skaneateles

Address: 26 Fennel St, Skaneateles NY 13152

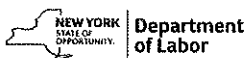
Days: Monday to Friday Times: 8:00am - 4:00pm

Phone: _____ Email: _____

Special Instructions:

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

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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	
Educational Achievement <input checked="" type="checkbox"/> 2.5 Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2.5 Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____	Total	25 5 10 10			Total
Work Experience <input checked="" type="checkbox"/> 3 Points for Each Year of Trade Related Work Experience <input type="checkbox"/> Points for Each Year of Active Military Experience <input type="checkbox"/> Points for Each Year of General Work Experience <input type="checkbox"/> Other _____	Total	30 30			Total
Seniority <input checked="" type="checkbox"/> 1 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____	Total	25 25			Total
Job Aptitude <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 _____	Total				Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 1-5 Ability to Communicate <input checked="" type="checkbox"/> 1-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 1-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 1-5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Total	20 5 5 5 5			Total

Total Allowable Points → 100 Total Score →

Rank _____

Evaluated by _____ Name _____ Date _____

Sponsor Name Village of Skaneateles

Sponsor Address 26 Fennel St, Skaneateles, NY 13152

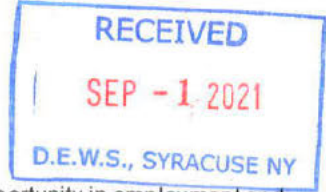
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Non-Discrimination Plan (Short Form)

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.
[X] 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: [Handwritten Signature] Date: 8/27/2021

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

Mary Sennett Mayor

Approved by: [Redacted Signature] New York State Department of Labor Date: [Redacted]

Sponsor Name Village of Skaneateles Sponsor Code No. of Apprentices 1

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

NYS Department of Labor Apprenticeship Training SEP 13 2021 Central Office