

NYSDOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

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: XLI Manufacturing, LLC
B. Trade(s): EDM -Wire and Sinker Programmer/Operator, Quality Assurance Auditor, Machinist (CNC), Sheet Metal Worker (Iron Plate)
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)*
D. Name of entity completing this form: XLI Manufacturing, LLC
E. Entity completing this form (check one): [x] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
F. Mailing address: Street: 55 Vanguard Parkway City/Town: Rochester State: NY Zip Code: 14606
G. Email: [redacted] H. Phone: (585) 436-2250 I. Fax: (585) 235-5260
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? [x] Yes [] 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? 40
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [x] No

NYS Department of Labor Apprenticeship Training

DEC 01 2021

Central Office

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: Chad B. Carta Date: 8/31/21 08/27/2021 CBC

Print name and title: Chad B Carta, Owner

Sworn to me this: 31 day of August 2021 Signature of Notary Public or Commissioner of Deeds: Jennifer Beals



NYS Department of Labor
Apprentice Training

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Central Office

JENNIFFER BEALS
Notary Public, State of New York
Wayne County Reg. #01BE6190280
Commission Expires 07/21/2024

Received
Apprenticeship Unit

SEP 17 2021

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ROCHESTER **Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	89-558
Effective Date of AT Program	

- Name of Sponsor: XLI Manufacturing, LLC
- Mailing Address: 55 Vanguard Parkway Rochester NY 14606 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585-436-2250 Ext. _____ Fax No.: 585-235-5260
- E-mail Address: _____
- Trade/Occupation: Quality Assurance Auditor
- No. Employees: 50 No. Apprentices: 0 No. Journeyworkers: 1 8. Ratio: 1:1;1:1
- DOT Code: 194.387-010 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ \$17.00 per Hour 14. Effective Date of Wages: 8/31/21

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 type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/> 2000	H <input checked="" type="checkbox"/> 2000	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"/>
\$16.00	\$17.00								

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

17. Debra Webster 8/31/21 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Debra Webster, HR _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date

NYS Department of Labor
Apprentice Training

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Central Office

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-558

Related Instruction Availability

Received
Apprenticeship Unit

Trade: Quality Assurance Auditor

Sponsor Name: XLI Manufacturing, LLC

SEP 19 2021

Sponsor Representative: Debra Webster

ROCHESTER

Sponsor Address: _____

No. & Street: 55 Vanguard Parkway City: Rochester

County: Monroe State: NY Zip Code: 14606

Sponsor Telephone No.: 585-436-2250

Proposed Number of Apprentices: 1

AT Office

Name: New York State Department of Labor

No. & Street: 276 Waring Rd

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 8/24/21

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: Monroe Community College

No. & Street: 2485 West Henrietta Road

City: Rochester State: NY Zip Code: 14623

School Representative Contact Information:

Name: Michael Smith

Telephone No.: (585) 685-6305 Email: [REDACTED]

School

NYS Department of Labor
Apprentice Training

Name: _____

No. & Street: _____ DEC 01 2021

City: _____ State: _____ Zip Code: _____

Central Office

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

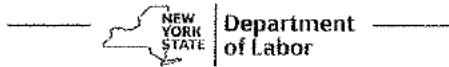
DLEA

Name: [REDACTED]

No. & Street: 30 Hart Street

City: Rochester State: NY Zip Code: 14605

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



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: XLI Manufacturing, LLC

Located at: (Address) 55 Vanguard Parkway, Rochester, NY 14606

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

In the occupation of: (List Trade) Quality Assurance Auditor

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 or Equivalent (Such as TASC or GED)

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

Verbal attestation.

Must be able to lift 50 lbs unassisted. Must be able to stand for a 10 hour shift.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must be able to read, hear and understand verbal instructions and warnings given in English.

Other: Must be able to perform all responsibilities while adorned in proper safety eye, ear, hand and foot protective gear.

Other: Must have reliable transportation to and from work and required classes at the approved school.

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

Name: Debra Webster

Address: 55 Vanguard Parkway, Rochester, NY 14606

Days: _____ Times: _____

Phone: (585) 436-2250 Email: [REDACTED]

Special Instructions:

Department of Labor
Apprentice Training

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General Office

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

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Department
of Labor

Sponsor Code _____
Trade Code(s) 69-558

Selection Standards and Evaluations

Name of Candidate	Trade Quality Assurance Auditor
Address	City State Zip

		Maximum Points Allowable	Number of Years Credited	Score	
Only those checked apply.					
Educational Achievement	Total	20			Total
<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		4			
<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		6			
<input checked="" type="checkbox"/> <u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed		10			
<input type="checkbox"/> Other _____					
Work Experience	Total	20			Total
<input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Trade Related Work Experience		8			
<input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Active Military Experience		8			
<input checked="" type="checkbox"/> <u>1</u> Points for Each Year of General Work Experience		4			
<input type="checkbox"/> Other _____					
Seniority	Total	20			Total
<input checked="" type="checkbox"/> <u>5</u> Points for Each Year of Employment With The Sponsoring Firm		20			
<input type="checkbox"/> Other _____					
Job Aptitude	Total				Total
<input type="checkbox"/> SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____					
<input type="checkbox"/> Name of Alternative Aptitude Test _____ Administered by _____					
<input type="checkbox"/> Other _____					
Oral Interview: Not to Exceed 40% of Total Score	Total	40			Total
<input checked="" type="checkbox"/> <u>1</u> Ability to Communicate		10			
<input checked="" type="checkbox"/> <u>1</u> Willingness to Accept Obligation of Apprenticeship		10			
<input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend		10			
<input checked="" type="checkbox"/> <u>1</u> Interest and Motivation		10			
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Other _____					

Total Allowable Points



100

Total Score →

Rank _____

Evaluated by _____ Date _____
Name

Sponsor Name XLI Manufacturing, LLC

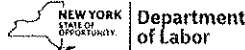
Sponsor Address 55 Vanguard Parkway, Rochester, NY 14606

NYS Department of Labor
Apprentice Training

SEP 17 2021

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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: Chad B. Carta Date 8/31/21

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

Chad B. Carta OWNER
Print Name and Title

Approved by: _____ Date _____

Sponsor Name XLI Manufacturing, LLC Sponsor Code _____ No. of Apprentices 2,1,1,1

Trade(s) MACHINIST (QC) ELECTRICAL DRAINAGE MACHINIST Trade Code(s) 32-130A, 32-556, 89-558, 33-203
WELD AND SWELL PROGRAM OPERATOR Apprentice Training

AT 602 (11/20) QUALITY ASSURANCE AUDITOR
THREE METAL WHEELS (TWO PLATE) DEC 01 2021