



**NEW YORK STATE  
DEPARTMENT OF LABOR  
APPRENTICE TRAINING PROGRAM TRANSMITTAL**

Sponsor Code: [REDACTED]

ATP Code: 69-490

|  |  |  |   |                                       |  |
|--|--|--|---|---------------------------------------|--|
| <b>SPONSOR</b><br>Morton Salt, Inc.  |  |  |   | <b>DISTRICT</b><br>Western_Rochester  |  |
| <b>NAME , LOCAL NO . AND ADDRESS OF UNION (If None , Write None)</b><br>United Steel Workers Union Local 4-625, 45 Ribaud Ave., E., Silver Springs, NY 14550 |  |  |   |                                       |  |
| <b>TRADE / OCCUPATION</b><br>Plant Maintenance-Electrician/Mechanic  |  |  |   | <b>REQUESTED DATE</b><br>06/18/2015   |  |
| <input checked="" type="checkbox"/> <b>INDIVIDUAL</b>  | <input checked="" type="checkbox"/> <b>JOINT</b> | <input type="checkbox"/> <b>JAC</b>                  | <b>INDENTURED BY</b>                                |                                       | <input checked="" type="checkbox"/> <b>STATE</b> |
| <input type="checkbox"/> <b>GROUP</b>  | <input type="checkbox"/> <b>NON - JOINT</b>      | <input checked="" type="checkbox"/> <b>NON - JAC</b> | <input checked="" type="checkbox"/> <b>EMPLOYER</b> | <input type="checkbox"/> <b>AGENT</b> | <input type="checkbox"/> <b>FEDERAL</b>          |

**NEW PROGRAM (EXPLAIN "YES" ANSWERS  
IN COMMENTS BELOW)**

Date A.A. Plan 6 18 15  
and Program Copy to DEOD

(For Construction Trades Only)

|                     |                                     |                                     |                           |                                     |                                     |                                  |                          |                                     |
|---------------------|-------------------------------------|-------------------------------------|---------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|-------------------------------------|
|                     | Yes                                 | No                                  |                           | Yes                                 | No                                  |                                  | Yes                      | No                                  |
| New Trade           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Waiver of Ratio Requested | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Public Work Violations           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other A.T. Programs | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Work Process Change       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Federal Wage and Hour Violations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**DESCRIPTION OF SPONSOR**

Morton Salt, Inc. is a [REDACTED] manufacture and marketing of salt, specialty chemicals, and inflatable restraint systems. The operating facility in Silver Springs is an evaporating facility, where emphasis is placed on the mining and processing of salt. [REDACTED]





New York State Department of Labor

Apprentice Training Program Registration Agreement

Received Apprenticeship Unit

JUN 8 2015

ROCHESTER

Revision  NEW PROGRAM (nature of change)

| State Use Only               |            |
|------------------------------|------------|
| AT sponsor no.               | [REDACTED] |
| ATP code                     | 69-490     |
| Effective date of AT program |            |

- 1. Name of sponsor: Morton Salt, Inc.
- 2. Mailing address: 45 Ribaud Ave. E Silver Springs New York 14550 Wyoming (number & street) (city) (state) (zip code) (county)
- 3. Actual address: 45 Ribaud Ave. E Silver Springs New York 14550 Wyoming (number & street) (city) (state) (zip code) (county)
- 4. Telephone no.: 585-493-2511 (telephone #) (ext. #) 585-493-2067 (fax #)
- 5. Trade/Occupation: Plant Maintenance-Electrician/Mechanic
- 6. No. employees: 150 No. apprentices: 0 No. journeyworkers: 4 7. Ratio: 1:1:1:1 (non-standard)
- 8. ISC code: N/A 9. DOT code: 899-261-014 10. Length of program: 48 months
- 11. Apprentice probationary period: 12 months 12. Work process: Standard  or Revised
- 13. Minimum journeyworker rate: \$24.29 per hour 14. Effective date of wages: 06/01/15
- 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"/> 6<br>H <input type="checkbox"/> | M <input type="checkbox"/> 6<br>H <input type="checkbox"/> | M <input type="checkbox"/> 6<br>H <input type="checkbox"/> |
| \$21.23   | \$21.57   | \$21.93   | \$22.27   | \$22.61   | \$23.40   | \$23.74   | \$24.07   |  |  |

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

17. Steve Hull 05/26/2015  
Signature of official sponsor representative Date

18. Raymond P. King 6/3/15  
Signature of union representative Date

Steve Hull, Human Resources Manager  
Print name and title

Raymond P. King, President, USW Local 0625  
Print name, title, and union name

RECEIVED JUN 22 2015

APPRENTICE TRAINING CENTRAL OFFICE

19. \_\_\_\_\_  
Signature New York State Department of Labor

\_\_\_\_\_  
Date



New York State Department of Labor

Sponsor Information Sheet

Received Apprenticeship Unit JUN 16 2015 ROCHESTER

Instructions:

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
You must include an explanation and supporting documentation for all "yes" responses.
For Individual Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and from the union.
For Individual Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor only.
For Group Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company and union that serves on the governing body as a Joint Apprenticeship Training Committee (JATC) member. Only one AT 9 is required per union.
For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Sponsor Name: Morton Salt, Inc. Trade Name: All trades
Name of Entity Completing Form: FEIN No.:
Mailing Address: 45 Ribaud Ave., E., Silver Springs, NY 14550 NYS Employer Registration (ER) No.
Fax No.: (585) 493-2511 Phone No.: (585) 493-2067 E-mail Address:
Type of Entity (Mark primary function): [X] Corporation [ ] Partnership [ ] Proprietorship [ ] Joint Venture [ ] LLC [ ] LLP [ ] Other
[ ] JATC [ ] Association [ ] Union [ ] Signatory Company serving on the JATC or on the Board of Directors or other governing body
For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.
How many years has your organization been in business? 161 years
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s). Yes [X] No [X]
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative. Yes [ ] No [X]

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation.

Within the past five (5) years has your organization, any affiliate, any predecessor company or entity, owner of 5% or more of the entity's shares, director, officer, partner, or proprietor been the subject of:

A conviction for a crime under state or federal law? Yes [ ] No [X]
An indictment or pending indictment for any conduct constituting a crime under state or federal law? Yes [ ] No [X]
A grant of immunity for any conduct constituting a crime under state or federal law? Yes [ ] No [X]
A federal suspension, debarment, bid rejection or disapproval 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 [X]
Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division? Yes [ ] No [X]
Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division? Yes [ ] No [X]
Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work? Yes [ ] No [X]
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? Yes [ ] No [X]
If yes, was the violation determined to be willful? Yes [ ] No [ ]
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? Yes [ ] No [X]
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 [X]

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APPRENTICESHIP PROGRAMS CENTRAL OFFICE

After completing this page, you must sign the second page and have it notarized

**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, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

Applicant, sponsor, signatory or union:

- Certifies that the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein
- Certifies 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 \$1000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1))
- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

This authorizes the New York State Department of Labor to release any Unemployment Insurance (UI) information it may possess to the Apprentice Training Office to verify information and UI compliance in connection with this application or program.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or 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.

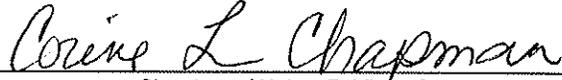


Signature of CEO, Chair or Representative granted legal authority to bind the Entity

5/28/2015  
Date

Jay G. Tangeman / Facility Manager  
Print Name and Title

Sworn to me this: 28 day of May 2015



Signature of Notary Public/ or Commissioner of Deeds

**CORINE L. CHAPMAN**  
Notary Public, State of New York  
No. 01CH6053264  
Qualified in Livingston County  
Commission Expires Jan. 08, 2019



New York State Department of Labor

Sponsor Information Sheet

Received Apprenticeship Unit

JUN 8 2015

ROCHESTER

Instructions:

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
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For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Form with fields: Sponsor Name: Morton Salt, Inc.; Trade Name: All trades; Name of Entity Completing Form: United Steel Workers International, Local Union No. 625; FEIN No.; Mailing Address: PO BOX 152 SILVER SPRINGS NY 14550; NYS Employer Registration (ER); Fax No.; Phone No.: 585-493-2489; E-mail Address; Type of Entity (Mark primary function); How many years has your organization been in business? 10 YEARS; Have you done business under a different name?; Is the Sponsor a Group Joint or Group Non-Joint Program?

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation.

Within the past five (5) years has your organization, any affiliate, any predecessor company or entity, owner of 5% or more of the entity's shares, director, officer, partner, or proprietor been the subject of:

Table with 2 columns: Question and Yes/No checkboxes. Questions include: A conviction for a crime under state or federal law?; An indictment or pending indictment for any conduct constituting a crime under state or federal law?; A grant of immunity for any conduct constituting a crime under state or federal law?; A federal suspension, debarment, bid rejection or disapproval 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?; Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division?; Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division?; Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work?; Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? If yes, was the violation determined to be willful?; Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?; 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?

RECEIVED JUN 22 2015 APPRENTICE TRAINING CENTRAL OFFICE

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*Raymond P. King*

Signature of CEO, Chair or Representative granted legal authority to bind the Entity

6/3/15

Date

RAYMOND P. KING

PRESIDENT USW LOCAL 625

Print Name and Title

Sworn to me this: 3 day of June 2015

*Corine L. Chapman*

Signature of Notary Public or Commissioner of Deeds

CORINE L. CHAPMAN  
Notary Public, State of New York  
No. 01CH6053284  
Qualified in Livingston County  
Commission Expires Jan. 08, 2019



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Received  
Apprenticeship Unit

MAY 11 2015

ROCHESTER

|   |
|---|
| Trade   |
| Plant Maintenance-Electrician/Mechanic (69-490) |
| Sponsor Name                                    |
| Morton Salt, Inc.                               |
| Sponsor's Representative                        |
| John Derrenbacher <b>STEVE HULL</b>             |
| Sponsor Address (No. & Street) (City)           |
| 45 Ribaud Avenue E Silver Springs               |
| (County) (State) (Zip Code)                     |
| Wyoming NY 14550                                |
| Sponsor Telephone No.                           |
| 585-493-2511                                    |
| Proposed Number of Apprentices                  |
| 4   |

RELATED INSTRUCTION IS NOT AVAILABLE.

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School **Genesee Valley Educational Partnership (GV BOCES)**

Address **8250 State Street Road**

Address **Batavia, NY 14020**

School Representative: **John A. Cima / Chuck DiPasquale**

\* **Penn Foster**  
**925 Oak Street**  
**Scranton, PA 18515**  
**(( on-line training only ))**

Name and Address of DLEA:  
**John Cima, Genesee Valley BOCES**  
**8250 State Street Road**  
**Batavia, NY 14020**



Signature of DLEA:



Date Prepared:

**4/27/15**

AT Office Name and Address:

**NYS Department of Labor**  
**Apprenticeship Training**  
**276 Waring Road**  
**Rochester, NY 14609**

Apprentice Training Representative:



Date Prepared:

**02/03/15**

AT 8 (05/08)

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APPRENTICE TRAINING  
CENTRAL OFFICE



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

Received  
Apprenticeship Unit  
MAY 11 2015  
ROCHESTER

|   |
|---|
| Trade   |
| Plant Maintenance-Electrician/Mechanic (69-490) |
| Sponsor Name                                    |
| Morfon Salt, Inc.                               |
| Sponsor's Representative                        |
| John Derronbacher <i>STEVE HULL</i>             |
| Sponsor Address (No. & Street) (City)           |
| 45 Ribaud Avenue E Silver Springs               |
| (County) (State) (Zip Code)                     |
| Wyoming NY 14550                                |
| Sponsor Telephone No.                           |
| 585-493-2511                                    |
| Proposed Number of Apprentices                  |
| 4   |

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School *Genesee Valley Educational Partnership*  
 Address *(GV BOCES) 27 Lackawanna Avenue*  
 Address *MT. MORRIS, NY 14510*  
 School Representative: *John Cima / Chuck DiPasquale*

\* *Penn Foster*  
*935 Oak Street*  
*Scranton, PA 18515*  
*(on-line training only)*  
 Name and Address of DLEA:

*John A. Cima, Genesee Valley BOCES*  
*8250 State Street Road*  
*Batavia, NY 14020*

AT Office Name and Address:

NYS Department of Labor  
 Apprenticeship Training  
 276 Waring Road  
 Rochester, NY 14609

Apprentice Training Representative:

Date Prepared: *02/03/15*

Signature of DLEA:

Date Prepared: *4/27/15*

AT 8 (05/08)

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 CENTRAL OFFICE

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SEP 02 2014

APPRENTICE TRAINING  
CENTRAL OFFICE

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; 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 Division of Equal Opportunity Development 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, Notice of Apprentice Training Opportunity, and Form AT 508. Selection Standards and Evaluation, attached.

D. **RECRUITMENT:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- ( ) Listing all apprentice openings with the NYS Department of Labor Division of Employment Services 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 Department of Labor Division of Employment Services.
- ( ) 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 above named sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: \_\_\_\_\_

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

AUG 28 2014

ROCHESTER

08 128 12014  
Date



**New York State  
Department of Labor  
Apprentice Training Recruitment Notification and  
Minimum Qualifications**

ATP: 69-490

Morton Salt, Inc. \_\_\_\_\_, located at  
(Sponsor)

45 Ribaud Ave., E., Silver Springs, NY 14550  
(Address)

is presently accepting applications for an estimated 2 apprentice training positions in  
(No. of openings)

the occupation of Plant Maintenance-Electrician/Mechanic  
(Trade)

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

**Minimum Qualifications**

Minimum age: 18 years old

Minimum education: HSD or High School Equivalency Diploma (such as TASC or GED).

Physical condition: Be physically able to perform the work required as determined by medical exam  
when position is offered. Cost of exam at expense of sponsor.

(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: Mechanical ability: Must be able to pass the Bennett Mechanical Comprehension  
Test administered jointly by the union and management.

Other: Current employee of the sponsor and member of United Steel Workers Union.

Other: Collective bargaining agreement requires that position must be offered to the  
highest seniority candidate who passes the Bennett Mechanical Comprehension Test.

Application forms may be obtained from: \_\_\_\_\_ Dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Name: Morton Salt, Inc. \_\_\_\_\_ Days: TBA \_\_\_\_\_

Address: 45 Ribaud Ave., E., Silver Springs, NY 14550 \_\_\_\_\_ Times: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Special instructions: \_\_\_\_\_

All applications must be received/postmarked (please circle) no later than \_\_\_\_\_

**RECEIVED**  
**JUN 22 2015**  
**APPRENTICE TRAINING**  
**CENTRAL OFFICE**



NEW YORK STATE DEPARTMENT OF LABOR  
SELECTION STANDARDS AND EVALUATIONS

Sponsor Code: [REDACTED]

ATP Code: 69-490

|                   |   |
|-------------------|---|
| NAME OF CANDIDATE | TRADE:<br><b>Plant Maintenance-Electrician/Mechanic</b> |
| ADDRESS           | CITY STATE ZIP  |

ONLY THOSE CHECKED APPLY

|  | MAXIMUM POINTS ALLOWABLE | NUMBER OF YEARS CREDITED | SCORE        |
|--|--------------------------|--------------------------|--------------|
| <b>EDUCATIONAL ACHIEVEMENT</b>   |                          |                          | <b>TOTAL</b> |
| <input type="checkbox"/> POINTS FOR EACH YEAR OF EDUCATION PAST GRADE _____ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES                   |                          |                          |              |
| <input type="checkbox"/> POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE _____ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES |                          |                          |              |
| <input type="checkbox"/> POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED  |                          |                          |              |
| <input type="checkbox"/> OTHER _____   |                          |                          |              |
| <b>TOTAL</b>   |                          |                          | <b>TOTAL</b> |
| <b>WORK EXPERIENCE</b>   |                          |                          | <b>TOTAL</b> |
| <input type="checkbox"/> 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 _____   |                          |                          |              |
| <b>TOTAL</b>   |                          |                          | <b>TOTAL</b> |
| <b>SENIORITY</b>   |                          |                          | <b>TOTAL</b> |
| <input checked="" type="checkbox"/> 1 POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM  | 20                       |                          |              |
| <input type="checkbox"/> OTHER _____   | 20                       |                          |              |
| <b>TOTAL</b>   |                          |                          | <b>TOTAL</b> |
| <b>JOB APTITUDE</b>  |                          |                          | <b>TOTAL</b> |
| <input type="checkbox"/> SATB (SPECIFIC APTITUDE TEST BATTERY) # _____   |                          |                          |              |
| <input type="checkbox"/> POINTS FOR HIGH _____ MEDIUM _____ LOW _____  |                          |                          |              |
| <input type="checkbox"/> NAME OF ALTERNATIVE APTITUDE TEST: _____  |                          |                          |              |
| <input type="checkbox"/> ADMINISTERED BY _____   |                          |                          |              |
| <input type="checkbox"/> OTHER _____   |                          |                          |              |
| <b>TOTAL</b>   |                          |                          | <b>TOTAL</b> |
| <b>ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE</b>  |                          |                          | <b>TOTAL</b> |
| <input type="checkbox"/> ABILITY TO COMMUNICATE  |                          |                          |              |
| <input type="checkbox"/> WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP  |                          |                          |              |
| <input type="checkbox"/> ABILITY TO REASON AND COMPREHEND  |                          |                          |              |
| <input type="checkbox"/> INTEREST AND MOTIVATION   |                          |                          |              |
| <input type="checkbox"/> OTHER _____   |                          |                          |              |
| <input type="checkbox"/> OTHER _____   |                          |                          |              |
| <b>TOTAL</b>   |                          |                          | <b>TOTAL</b> |
| <b>TOTAL ALLOWABLE POINTS</b> →  | <b>20</b>                | <b>TOTAL SCORE</b> →     |              |

RECEIVED  
JUN 22 2015  
APPRENTICE TRAINING  
CENTRAL OFFICE

RANK \_\_\_\_\_

EVALUATED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Name)

SPONSOR NAME Morton Salt, Inc.

SPONSOR ADDRESS 45 Ribaud Ave., E., Silver Springs, NY 14550