



New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor Diekow Electric Inc		District Central
Name, local no. and address of union (If none, write none)		
Trade/Occupation Electrician		Requested date 2/29/16
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Joint <input checked="" type="checkbox"/> Non-Joint	<input type="checkbox"/> JAC <input checked="" type="checkbox"/> Non-JAC
Indentured by: <input checked="" type="checkbox"/> Employer		<input type="checkbox"/> Agent
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal





New York State Department of Labor
Apprentice Training Program Registration Agreement

REVISION New Program

natural NYS Department of Labor
 Apprentice Training

MAR 02 2016

STATE USE ONLY	
AT Sponsor No.	_____
ATP Code	<u>1 7 - 0 7 2</u>
Effective date of AT Program	

1. Name of Sponsor Diekow Electric Inc Central Office
2. Mailing Address PO Box 417 Marathon NY 13803 Cortland
(Number & Street) (City) (State) (Zip Code) (County)
3. Actual Address 375 US Route 11 Marathon NY 13803 Cortland
(Number & Street) (City) (State) (Zip Code) (County)
4. Phone (607) 849-4343 Ext: _____ Fax (607) 849-4396
5. Trade / Occupation Electrician
6. No. Employees 16 No. Apprentices 4 No. Journeyworkers 10 7. Ratio 1:1; 1:3
(Non-Standard)
8. ISC Code _____ 9. DOT Code 8 2 4 - 2 6 1 - 0 1 0 10. Length of Program 6 0 Months
11. Apprentice Probationary Period 12 Months 12. Work Process: Standard or Revised _____
13. Minimum Journeyworker Rate \$ 20.00 per Hour 14. Effective Date of Wages 07/01/15

15. Apprentice Wage Progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <u>12</u>	M _____								
H _____	H _____	H _____	H _____	H _____	H _____				
\$10.00	\$12.00	\$14.00	\$16.00	\$18.00					

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

17. 2/25/16 18. _____ / /
 Signature of the Official Sponsor Representative Date Signature of the Union Representative Date

Steve Diekow, President _____
 Print Name and Title of Official Sponsor Representative Print Name, Title and Union Name

19. _____ / /
 Signature of New York State Department of Labor Date



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor
Apprentice Training

MAR 03 2015

Central Office

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.

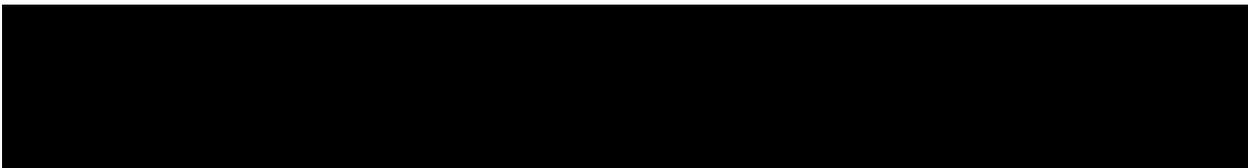
Form with fields for Sponsor Name (Diekow Electric Inc), Trade Name (Electrician), Name of Entity, FEIN No., Mailing Address, NYS Employer Registration (ER) No., Fax No., Phone No., E-mail Address, Type of Entity (Corporation checked), and years in business (24 years).

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 response options. 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?

Handwritten notes and stamps at the bottom of the page.



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

July 31, 2015 Stephen Diekow - President
Date Print Name and Title

Sworn to me this: 31st day of July 2015

Signature of Notary Public or Commissioner of Deeds



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

NYS Department of Labor
Apprentice Training

MAR 02 2016

Trade	Electrician	
Sponsor Name	Diekow Electric Inc	
Sponsor's Representative	[REDACTED]	
Sponsor Address (No. & Street)	(City)	
PO Box 417	Marathon	
(County)	(State)	(Zip Code)
Cortland	NY	13803
Sponsor Telephone No.	607-849-4343	
Proposed Number of Apprentices	3	

Central Office

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT

Name of School
BT B.O.C.E.S.
Address
435 Glenwood Rd
Address
Binghamton, NY 13905
School Representative:

Name and Address of DLEA:

MS. PAULA COLAVITO, B-T BOCES, 4003-
C/O BC PUBLIC SAFETY BUILDING
155 LT. VAN WINKLE DRIVE
BINGHAMTON NY 13905

AT Office Name and Address:

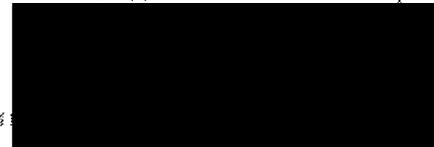
New York State Department of Labor
Division of Employment & Workforce Solutions
Room 203
450 South Salina Street
Syracuse, NY 13202

Apprentice Training Representative:



Date Prepared: 7/30/15

Signature of



Date Prepared:

2/25/2016



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

Dickow Electric _____

(Sponsor)

, located at

PO Box 417, Marathon NY 13803

(Address)

is presently accepting applications for an estimated 3 apprentice training positions in
(No. of openings)

the occupation of Electrician

(Trade)

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

New York State Department of Labor
Apprentice Training

Minimum Qualifications

MAR 02 2016

Minimum age: 18

Central Office

Minimum education: No minimum education requirements

Physical condition: Be physically able to perform the work required as determined by _____
verbal self attestation

(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, write, hear, understand and comprehend instructions and warnings.

Other: Must have a valid drivers license to operate company vehicles.

Other: Must pass drug screening

Application forms may be obtained from:

Dates: From: _____ to: _____

Name: Dickow Electric

Days: Monday to Friday

Address: 375 US Route 11
Marathon, NY 13803

Times: 6:30 am to 3:30 pm

Phone number: () _____ Email address: _____

Special instructions: Applicants must apply in person

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

See Instructions on Reverse Side



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

NAME OF CANDIDATE	TRADE Electrician		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- POINTS FOR EACH YEAR OF EDUCATION PAST GRADE _____ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE _____ OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL			TOTAL

WORK EXPERIENCE

- 1 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 5 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER _____

TOTAL	25		TOTAL
	5		
	20		

SENIORITY

- POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM
- OTHER _____

TOTAL			TOTAL

JOB APTITUDE

- SATB (SPECIFIC APTITUDE TEST BATTERY) # _____
POINTS FOR HIGH _____ MEDIUM _____ LOW _____
- NAME OF ALTERNATIVE APTITUDE TEST _____
- ADMINISTERED BY _____
- OTHER _____

TOTAL			TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 1 ABILITY TO COMMUNICATE
- WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 1 ABILITY TO REASON AND COMPREHEND
- 1 INTEREST AND MOTIVATION
- 1 OTHER willingness to learn
- OTHER _____

TOTAL	12		TOTAL
	3		
	3		
	3		
	3		

TOTAL ALLOWABLE POINTS

37	TOTAL SCORE	→
----	-------------	---

RANK _____

EVALUATED BY _____ DATE _____

(Name)

SPONSOR NAME Diekow Electric

SPONSOR ADDRESS PO Box 417, Marathon NY 13803

NYS Department of Labor
Apprentice Training

MAR 09 2016

**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.
- (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 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

7/28/15

Date

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Wood, Anthony, D		1. Name of Program Sponsor Diekow Electric, Inc.	
[Redacted]		Physical address of Program Sponsor (no. and street) 375 Route 11 South	
		City Marathon	County Cortland
		State NY	Zip code 13803
		Mailing address of Program Sponsor (no. and street) PO Box 417	
City Marathon		County Cortland	State NY
Zip code 13803		2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid	
Electrician			
3. Start Date		4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Broome Tioga BOCES 435 Glenwood Road, Binghamton, NY 13905		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$20.00
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)		Months _____ Points _____ Sections _____	NYS Department of Labor Apprentice Training

9. Apprentice Wage Progression (Without Benefits) for each Period – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
12	12	12	12	12				Central Office	
\$10.00	\$12.00	\$14.00	\$16.00	\$18.00					

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: [Signature] Date: 7/31/15 Signature of Official Sponsor Representative: [Signature] Date: 7/31/15

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 Quit Layoff 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.

Signature of DLEA Representative _____ Date _____ Print Name _____

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

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.)
Pendell JR, Roger, D

1. Name of Program Sponsor
Diekow Electric, Inc.

Physical address of Program Sponsor (no. and street)
375 Route 11 South

City: Marathon County: Cortland State: NY Zip code: 13803

Mailing address of Program Sponsor (no. and street)
PO Box 417

City: Marathon County: Cortland State: NY Zip code: 13803

2. Trade: Time-based Competency-based Hybrid
Electrician

3. Start Date _____ 4. Length of program (Months) 60 5. DOL Apprentice Probation Period for Completion Rates (Months) 12

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)
Broome Tioga BOCES
435 Glenwood Road, Binghamton, NY 13905

RI Compensated Yes No

7. Minimum Journey-Worker Rate
\$20.00
NYS Department of Labor
Apprentice Training

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 – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
12	12	12	12	12					Central Office
\$10.00	\$12.00	\$14.00	\$16.00	\$18.00					

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: _____ Date: 7/31/15

Signature of Official Sponsor Representative: _____ Date: 7/31/15

Registered by the New York State Department of Labor:

Signature New York State Department of Labor: _____ Date: _____

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 Quit Layoff Program Termination Transfer

(Explain in Comments) (Lack of Work)

Completion or Termination Date _____

Comments _____

Signature of Official Sponsor Representative: _____ Date: _____ Print Name: _____

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Data Entry _____

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.

Signature of DLEA Representative: _____ Date: _____ Print Name: _____

State Use Only

Date _____ Init. _____

To ATC _____

To DLEA _____

Data Entry _____

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Valachovic, William, N		1. Name of Program Sponsor Diekow Electric, Inc.	
[Redacted]		Physical address of Program Sponsor (no. and street) 375 Route 11 South	
		City Marathon	County Cortland
		State NY	Zip code 13803
Mailing address of Program Sponsor (no. and street) PO Box 417		2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid	
City Marathon		County Cortland	State NY
3. Start Date		4. Length of program (Months) 60	5. DOL Apprentice Probation Period for Completion Rates (Months) 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Broome Tioga BOCES 435 Glenwood Road, Binghamton, NY 13905		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate \$20.00
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)		Months _____ Points _____ Sections _____	NYS Department of Labor Apprentice Training

9. Apprentice Wage Progression (Without Benefits) for each Period – in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
12	12	12	12	12				Central Office	
\$10.00	\$12.00	\$14.00	\$16.00	\$18.00					

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

William Valachovic 8/3/15 Signature of Apprentice and Parent/Guardian if age 16-17 Date

[Signature] 8/3/15 Signature of Official Sponsor Representative Date

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 Quit Layoff 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.

_____/_____/_____
Signature of DLEA Representative Date Print Name

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

Must be returned within 30 days of receipt

Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) Abbatiello, Christopher, F
1. Name of Program Sponsor Diekow Electric, Inc.
Physical address of Program Sponsor (no. and street) 875 Route 11 South
City Marathon County Cortland State NY Zip code 13803
Mailing address of Program Sponsor (no. and street) PO Box 417
City Marathon County Cortland State NY Zip code 13803
2. Trade: [] Time-based [] Competency-based [] Hybrid Electrician
3. Start Date 4. Length of program (Months) 60 5. DOL Apprentice Probation Period for Completion Rates (Months) 12
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Broome Tioga BOCES 435 Glenwood Road, Binghamton, NY 13905
7. Minimum Journey-Worker Rate \$20.00
8. Credit for previous training or experience: [] Reinstatement [] Vocational Education [] Transfer [] Previous Experience (Employer name)

9. Apprentice Wage Progression (Without Benefits) for each Period - in Months or Hours for Time-Based Programs; in Points or Sections for Competency-Based and Hybrid Programs. Choose one: [X] Months [] Hours [] Points [] Sections
Table with 10 columns (1-10) and 2 rows (12, \$10.00; 12, \$12.00; 12, \$14.00; 12, \$16.00; 12, \$18.00)

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 Date 8/3/15 Signature of Official Sponsor Representative Date 8/3/15

Registered by the New York State Department of Labor:
Signature New York State Department of Labor Date
State Use Only: 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 [] Quit [] Layoff [] Program Termination [] Transfer

Completion or Termination Date _____
Comments _____
Signature of Official Sponsor Representative Date Print Name
State Use Only: To ATC, To DLEA, Data Entry

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: To ATC, To DLEA, Data Entry

Must be returned within 30 days of receipt