



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

Sponsor Code: _____

ATP Code: 17-072

SPONSOR R. Gunzer Inc. dba Gunzer Electric		DISTRICT NYC
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) 36-36 34th Street, L.I.C., New York 11106		
TRADE / OCCUPATION Electrician		REQUESTED DATE April 28, 2016
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> JAC
<input type="checkbox"/> GROUP	<input checked="" type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC
INDENTURED BY		<input checked="" type="checkbox"/> STATE
<input checked="" type="checkbox"/> EMPLOYER	<input type="checkbox"/> AGENT	<input type="checkbox"/> FEDERAL

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

Date A.A. Plan _____ / ____ / ____
and Program Copy to DEOD



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade	Electrician	
Sponsor Name	R. Gunzer Inc dba GFunzer Electric	
Sponsor's Representative	Joanne B. Monez	
Sponsor Address (No. & Street)	(City)	
36-36 34th Street Long Island City		
(County)	(State)	(Zip Code)
Queens	New York	11106
Sponsor Telephone No.	718-392-2219	
Proposed Number of Apprentices	2	

AT Office Name and Address

APPRENTICESHIP TRAINING REP
 75 VARICK STREET 7th FLOOR
 NEW YORK, NY 10013

Apprentice Training Representative: [Redacted]

Date Prepared: April 28, 2016

AT 8 (11-98)

- RELATED INSTRUCTION IS NOT AVAILABLE
- RELATED INSTRUCTION IS AVAILABLE AT:

BTEEA - Transit Tech High School

(Name of School)

One Wells Street

(Address)

Brooklyn, New York 11208

(Address)

Joanne B. Monez

(School Representative)

New York City Dept. of Education
Brooklyn Audit Learning Center
475 Nostrand Avenue (Room 125)
Brooklyn, NY 11216

Attn: Joan Mosely

NYS Department of Labor
 Apprentice Training

MAY 06 2016

Central Office

NYS Department of Labor
 Apprenticeship Training Office

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NYC



Apprentice Training Program Registration Agreement

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Central Office

Revision New Program
(nature of change)

State Use Only	
AT sponsor no.	
ATP code	17-072
Effective date of AT program	

- Name of sponsor: R. Gunzer Inc. dba Gunzer Electric
- Mailing address: 160-55 Cross Bay Blvd., Suite 203, Howard Beach Ny 11414 Queens
(number & street) (city) (state) (zip code) (county)
- Actual address: 36-36 34th Street Long Island City NY 11106 Queens
(number & street) (city) (state) (zip code) (county)
- Telephone no.: 718-392-2219 (telephone #) (ext. #) 718-729-2857 (fax#)
- Trade/Occupation: Electrician
- No. employees: 31 No. apprentices: 232 No. journeyworkers: 210 7. Ratio: 1:1, 1:3 (non-standard)
- ISC code: 1731 9. DOT code: 824-261-010 10. Length of program: 60 months
- Apprentice probationary period: 12 months 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$19.25 per hour 14. Effective date of wages: MAR 1st 2016
- Apprentice wage progression for each period - in months (M) or hours (H)
rate does not include benefits

M <input type="checkbox"/> H <input checked="" type="checkbox"/> 1640	M <input type="checkbox"/> H <input type="checkbox"/>									
\$ 9.00	\$10.55	\$ 11.90	\$ 13.10	\$ 15.75						

- The sponsor agrees to comply with the provisions on this side and on the reverse side of this agreement.
- Signature of official sponsor representative: Michael Gunzer, V.P. Date: 3/1/16
- Signature of union representative: _____ Date: 1/1

- Signature New York State Department of Labor: _____ Date: 1/1

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New York State Department of Labor

NYC Department of Labor
Apprenticeship Training Office

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Sponsor Information Sheet

NYC Department of Labor
Apprentice Training

MAY 06 2016

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.

Sponsor Name: R.Gunzer, Inc. dba Gunzer Electric		Trade Name: <u>ELECTRICIAN</u>
Name of Entity Completing Form: R.Gunzer, Inc. dba Gunzer Electric		FEIN No.: [REDACTED]
Mailing Address: 36-36 34th Street, Long Island City, NY 11106		NYS Employer Registration (ER) No.: [REDACTED]
Fax No.: 718-729-2857	Phone No.: 718-392-2219	E-mail Address: [REDACTED]
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> 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? 36 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 Apprenticeship Training Representative.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 Apprenticeship 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

Sworn to me this: 30 day of October, 2015

Michael M. Gunzer, Vice-President

Date



FRANCIS CERVANTES
Notary Public, State of New York
No. 01CE6325608
Qualified in New York County 1A

Signature of Notary Public or Commissioner of Deeds
Commission Expires June 01, 2016

NYS Department of Labor
Apprenticeship Training

MAY 06 2016

Central Office

NYS Department of Labor
Apprenticeship Training Office

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NYC



New York State Department of Labor

Please send to your regional DOL office: NYS Department of Labor Apprenticeship Training

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Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072 Central Office

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) **FARELLA Christian**

1. Name of Program Sponsor **NYS Department of Labor R. Gunzer Inc. dba Gunzer Electric**

Physical address of Program Sponsor (no. and street) **36-36-34th Street**

City **Long Island City** County **Queens** State **APR - 6 2016** Zip code **11106**

Mailing address of Program Sponsor (no. and street) **BTEEA 160-55 Cross Bay Blvd., Suite 203**

City **Howard Beach** County **Queens** State **New York** Zip code **11414**

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) **BTEEA - Transit Tech High School, Brooklyn, NY**

7. Minimum Journey-Worker Rate **\$ 19.25 per hour**

8. Credit for previous training or experience: **41** Months **0** Points **0** Sections

Reinstatement Vocational Education Transfer Previous Experience (Employer name) **R. Gunzer Inc. dba Gunzer Electric**

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
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

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 **3/1/16**

Signature of Official Sponsor Representative _____ Date **3/1/16**

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____

Date _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

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

Signature of Official Sponsor Representative _____

Date _____

Print Name _____

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

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



New York State Department of Labor

Please send to your regional NYS Department of Labor Office
Apprentice Training

MAY 06 2016

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17-072 Central Office

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) MALUENDA David		1. Name of Program Sponsor R. Gunzer Inc. dba Gunzer Electric	
[Redacted]		Physical address of Program Sponsor (no. and street) 36-36-34th Street	
		City County State Zip code Long Island City Queens APR - 9-2016 11106	
		Mailing address of Program Sponsor (no. and street) BTEEA 160-55 Cross Bay Blvd. Suite 203 City County State Zip code Howard Beach Queens New York 11414	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BTEEA - Transit Tech High School, Brooklyn, NY		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Electrician	
8. Credit for previous training or experience: 44 Months Points Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name) R. Gunzer Inc., dba Gunzer Electric		3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months) 60 12	
		7. Minimum Journey-Worker Rate \$ 19.25 per hour	

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
1640	1640	1640	1640	1640					
\$ 9.00	\$ 10.55	\$ 11.90	\$ 13.10	\$ 15.75					

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 3/11/16

Signature of Official Sponsor Representative

Date 3/11/16

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date / /

THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.

II. Worksite Training Completion or Termination

Check one: Completed Worksite Training Terminated for Cause (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments

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

Signature of Official Sponsor Representative

Date / /

Print Name

THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.

STATE USE ONLY

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

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

Signature of DLEA Representative

Date / /

Print Name

Must be returned within 30 days of receipt



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

R. Gunzer Inc dba Gunzer Electric

, located at

(Sponsor)
36-36 34th Street Long Island City New York 11106

(Address)

is presently accepting applications for an estimated TBA apprenticeship 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.

Minimum Qualifications

Minimum age: 18

Minimum education: High School diploma or GED or 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: An apprentice electrician is required to perform all phases of work in the electrical installation industry. This will include working with hand tools and power tools, and being exposed to loud noises, hazardous machinery, hazardous voltages and respiratory irritants. It may also include prolonged standing, climbing, walking and repeated squatting, stretching and bending.

Other: Some work may be required under extreme temperature exposure ranging from 0 degrees (outside work in the winter) to 140 degrees (the inside of a ceiling in the summer or boiler rooms year round). Additionally, everyday work may be at such temperatures and in confined areas where movement is greatly limited (such as transformer vaults and equipment services tunnels).

Other: An electrician is expected to lift and move heavy fixtures and equipment up to 100 pounds, and will also work from, ladders, scaffolds and personnel lifts, which may exceed 100 feet. As an essential function of the job, an electrician should have the ability to distinguish colors.

Application forms may be obtained from: _____ Dates: From: TBD to: TBD

Name: Building Trades Employers Ed. Assco. Days: Monday - Friday

Address: 160-55 Cross Bay Blvd., Suite 203 Times: 2PM - 4PM

Howard Beach, New York 11414

Phone number: (718) 738-4455 Email address: LearnElectric@aol.com

Special instructions: All applicants must submit proof of birth date upon selection.

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

See Instructions on Reverse Side

NYS Department of Labor
Apprenticeship Training Office



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATION

Sponsor Code: _____

ATP Code: 17-072

NAME OF CANDIDATE	TRADE <u>ELECTRICIAN</u>		
ADDRESS	NYS Department of Labor Apprentice Training	CITY	STATE
			ZIP

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ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

Central Office

TOTAL

- 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 5 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES 9
- 5 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED
- OTHER _____

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
35		
10		
15		
10		

TOTAL

WORK EXPERIENCE

TOTAL

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

35		
15		
5		
15		

TOTAL

SENIORITY

TOTAL

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

TOTAL

JOB APTITUDE

TOTAL

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

TOTAL

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

TOTAL

- 3 ABILITY TO COMMUNICATE
- 5 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 2 ABILITY TO REASON AND COMPREHEND
- 5 INTEREST AND MOTIVATION
- OTHER _____
- OTHER _____

15		
3		
5		
2		
5		

TOTAL

TOTAL ALLOWABLE POINTS →

85	TOTAL SCORE →	
----	---------------	--

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME R Gunzer Inc., dba Gunzer Electric

SPONSOR ADDRESS 36-36 34th Street Long Island City, NY 11106

NYS Department of Labor
Apprenticeship Training Office

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NYS Department of Labor
Apprentice Training

APR - 6 2016

R. Gunzer Inc. dba Gunzer Electric
36-36 34th Street
Long Island City, New York 11106

MAY 06 2016

NYC

**NON-DISCRIMINATION PLAN
(SHORT FORM)**

Central Office

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: _____

311 118