



NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL

Sponsor Code: _____

ATP Code: 18-285

SPONSOR New Castle Paving LLC		DISTRICT Albany
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) none		
TRADE / OCCUPATION Operating Engineer (Universal Equipment)		REQUESTED DATE 5/2/2016
<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 PROGRAM (EXPLAIN "YES" ANSWERS
IN COMMENTS BELOW)**

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



New York State Department of Labor
Apprentice Training Program Registration Agreement

REVISION New Program _____
nature of change

STATE USE ONLY	
AT Sponsor No.	_____
ATP Code	<u>1 8 - 2 8 5</u>
Effective date of AT Program	_____

1. Name of Sponsor New Castle Paving LLC
2. Mailing Address 230 Riverside Ave. Rensselaer NY 12144 Rensselaer
(Number & Street) (City) (State) (Zip Code) (County)
3. Actual Address Same as above
(Number & Street) (City) (State) (Zip Code) (County)
4. Phone (518) 275-0226 Ext: _____ Fax (518) 487-4538
5. Trade / Occupation Operating Engineer (Universal Equipment)
6. No. Employees 15 No. Apprentices 0 No. Journeyworkers 2 7. Ratio 1:1, 1:5
(Non-Standard)
8. ISC Code _____ 9. DOT Code 8 4 0 - 3 8 1 - 0 1 0 10. Length of Program 2 8 Months
11. Apprentice Probationary Period 7 months 12. Work Process: Standard or Revised _____
13. Minimum Journeyworker Rate \$ 15.00 per hr 14. Effective Date of Wages 04/13/16

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

1	2	3	4	5	6	7	8	9	10
M _____	M _____	M _____	M _____	M _____	M _____	M _____	M _____	M _____	M _____
H <u>1000</u>	H <u>1000</u>	H <u>1000</u>	H <u>1000</u>	H <u>900</u>	H _____				
<u>657.</u>	<u>707.</u>	<u>757.</u>	<u>807.</u>	<u>907.</u>					

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

17. [Signature] 4/18/16
 Signature of the Official Sponsor Representative Date
Dale Swartzwaert manager
 Print Name and Title of Official Sponsor Representative

18. _____ 1/1
 Signature of the Union Representative Date

 Print Name, Title and Union Name

19. _____
 Signature of New York State Department of Labor

 Date

NYS Department of Labor
 Apprentice Training
 MAY 11 2016



Sponsor Information Sheet

MAY 11 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: New Castle Paving LLC		Trade Name: Operating Engineer (universal Equipment)	
Name of Entity Completing Form: New Castle Paving LLC		FEIN No.: [REDACTED]	
Mailing Address: 230 Riverside Ave., Rensselaer, NY 12144		NYS Employer Registration (ER) N [REDACTED]	
Fax No. [REDACTED]	Phone No.: [REDACTED]	E-mail Address: [REDACTED]	
Type of Entity (Mark primary function): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input checked="" 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? 1			
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 Apprentice 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"/>



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade	OPERATING ENGINEER (Universal Equipment)		
Sponsor Name	New Castle Paving LLC		
Sponsor's Representative	Dale Swartzwout		
Sponsor Address (No. & Street)	230 Riverside Ave Rensselaer		
(County)	(State)	(Zip Code)	
Rensselaer	NY	12144	
Sponsor Telephone No.	518-275-0226		
Proposed Number of Apprentices			

AT Office Name and Address:

Albany Field Office
NYS DOL
State Office Campus
Building 12, RM 288
Albany, NY 12240

Apprentice Training Representative: [REDACTED]

Date Prepared: 4/13/16

AT 8 (05/08)

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School CTCNYS-ENY

Address 878 Old Albany Shaker Rd

Address Latham, NY 12110

School Representative:

Joshua Reap

Name and Address of DLEA:

Nancy Jones
Capital Region BOCES
Adult Ed.
1015 Watervliet Shaker Rd.
Albany, NY 12205 [REDACTED]

Signature of DLEA: [REDACTED]

Date Prepared:

4/21/16

NYS Department of Labor
Apprentice Training

MAY 11 2016

Central Office



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

New Castle Paving LLC

(Sponsor)

, located at

230 Riverside Ave. Rensselaer, NY 12144

(Address)

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

the occupation of Operating Engineer (Universal Equipment)
(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 equivalent

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: Must have transportation to various job sites and

related instruction classes.

Other: _____

Other: _____

Application forms may be obtained from:

Dates: From: _____ to: _____

Name: New Castle Paving LLC

Days: _____

Address: 230 Riverside Ave
Rensselaer, NY 12144

Times: _____

Phone number: (518) 275-0226

Email address: N/A

Special instructions: _____

**NYS Department of Labor
Apprentice Training**

MAY 11 2016

Central Office

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



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

NAME OF CANDIDATE	TRADE		
	OPERATING ENGINEER (Universal Equipment)		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- 2 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
- 2 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE 12 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	16		
	8		
	8		

WORK EXPERIENCE

- 4 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- 2 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- 3 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	34		
	8		
	8		
	18		

SENIORITY

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	10		
	10		

JOB APTITUDE

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

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL			

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 0-10 ABILITY TO COMMUNICATE
- 0-10 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 0-10 ABILITY TO REASON AND COMPREHEND
- 0-10 INTEREST AND MOTIVATION
- OTHER _____
- OTHER _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	40		
	10		
	10		
	10		
	10		

TOTAL ALLOWABLE POINTS

→ 100 TOTAL SCORE →

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME New Castle Parking

SPONSOR ADDRESS 230 Riverside Ave, Rensselaer, NY 12144

NYS Department of Labor
Apprentice Training

MAY 11 2016

NON-DISCRIMINATION PLAN
(SHORT FORM)

- A. EQUAL OPPORTUNITY PLEDGE: OUR COMPANY RECOGNIZES THAT ALL PERSONS 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.

Date

4 / 18 / 16