



New York State Department of Labor

Apprentice Training Program Transmittal

Sponsor <i>Kevin Jamba</i>		District <i>Central</i>
Name, local no. and address of union (If none, write none) <i>None</i>		
Trade/Occupation <i>Electrician</i>		Requested date <i>4/21/14</i>
<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 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

(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 type="checkbox"/>	<input checked="" type="checkbox"/>	Work process change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal wage and hour violations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Description of sponsor: *Electrical Contractor*





Apprentice Training Program Registration Agreement

Revision New Program
(nature of change)

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

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- 1. Name of sponsor: Kevin Jamba
- 2. Mailing address: 9 Karic Drive Conklin NY 13748 Broome
(number & street) (city) (state) (zip code) (county)
- 3. Actual address: same
(number & street) (city) (state) (zip code) (county)
- 4. Telephone no.: 607-760-4194
(telephone #) (ext. #) (fax #)
- 5. Trade/Occupation: Electrician
- 6. No. employees: 4 No. apprentices: 2 No. journeyworkers: 4 7. Ratio: 1:1;1:3
(non-standard)
- 8. ISC code: 9. DOT code: 824.261-010 10. Length of program: 60 months
- 11. Apprenticeship probationary period: 12 months 12. Work process: Standard or Revised
- 13. Minimum journeyworker rate: \$20.00 per hour 14. Effective date of wages:
- 15. Apprenticeship 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"/> 12 H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>								
\$14	\$15	\$16	\$17	\$18					

- 16. The sponsor agrees to comply with the provisions on this side and on the reverse side of this agreement.
- 17. Kevin Jamba 4/19/14
Signature of official sponsor representative Date
Kevin Jamba, President/Owner
Print name and title
- 18. _____ 1/1
Signature of union representative Date

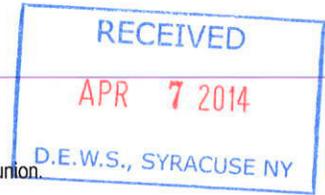
Print name, title, and union name

19. _____ 1/1
Signature New York State Department of Labor Date



New York State Department of Labor

Sponsor Information Sheet



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 (KEVIN JAMBA), Trade Name (KEVIN JAMBA), Name of Entity (Kevin Jamba), Mailing Address (9 KANIC DR COMBUI, NY 13748), Fax No (607) 775 4130, Phone No (607) 760-4194, and checkboxes for entity type (Proprietorship checked).

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. Contains 10 questions regarding legal and regulatory compliance.

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.

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

4/4/14
Date

KEVIN JAMBA
Print Name and Title

Sworn to me this: 4th day of April, 2014

Kathleen E. LaBarre
Signature of Notary Public or Commissioner of Deeds

KATHLEEN E. LA BARRE
Notary Public, State of New York
No. 01LA5078607
Qualified in Broome County
My commission expires May 21, 2015

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NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade	Electrician		
Sponsor Name	Kevin Jamba		
Sponsor's Representative	Kevin Jamba		
Sponsor Address (No. & Street)	9 Karic Dr Conklin		
(County)	(State)	(Zip Code)	
Broome	NY	13748	
Sponsor Telephone No.	607-760-4194		
Proposed Number of Apprentices	2		

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School

BOCES

Address

435 Glenwood DR

Address

Binghamton, NY 13905

School Representative:

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Name and Address of DLEA:

APPRENTICESHIP TRAINING
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MS. PAULA COLAVITO
BROOME-TIOGA- BOCES
435 GLENWOOD RD, MAIL ZONE 13
BINGHAMTON NY 13905

AT Office Name and Address:

NYS Dept of Labor
Apprenticeship Training
450 S. Salina St Room 203
Syracuse, NY 13202

Apprentice Training Representative:



Signature



Date Prepared:

Date Prepared:

4/16/14

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

17-072

Kevin Jamba

, located at

9 Karic Drive, Conklin NY 13748
(Sponsor)

(Address)

is presently accepting applications for an estimated 2 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.

Minimum Qualifications

Minimum age: 18

Minimum education: High School Diploma or GED

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

(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 a valid driver's license

Other: _____

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Other: _____

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Application forms may be obtained from:

Dates: From: _____ to: _____

Name: Kevin Jamba

Days: Monday - Friday

Address: 9 Karic Drive
Conklin NY 13748

Times: 8 - 5

Phone number: (607) 760-4194

Email address: _____

Special instructions: _____

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 EVALUATION**

17-072

NAME OF CANDIDATE	TRADE Electrician		
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

<input checked="" type="checkbox"/>	<u>1</u>	POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>10</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES
<input checked="" type="checkbox"/>	<u>4</u>	POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE <u>12</u> 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 _____

MAXIMUM POINTS ALLOWABLE **NUMBER OF YEARS CREDITED** **SCORE**

TOTAL	10			TOTAL
	2			
	8			

WORK EXPERIENCE

<input checked="" type="checkbox"/>	<u>5</u>	POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
<input checked="" type="checkbox"/>	<u>5</u>	POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
<input checked="" type="checkbox"/>	<u>2</u>	POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
<input type="checkbox"/>		OTHER _____

TOTAL	50			TOTAL
	20			
	20			
	10			

SENIORITY

<input type="checkbox"/>		POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM
<input type="checkbox"/>		OTHER _____

TOTAL				TOTAL

JOB APTITUDE

<input type="checkbox"/>		SATB (SPECIFIC APTITUDE TEST BATTERY) # _____ POINTS FOR HIGH _____ MEDIUM _____ LOW _____
<input type="checkbox"/>		NAME OF ALTERNATIVE APTITUDE TEST: _____ ADMINISTERED BY: _____
<input type="checkbox"/>		OTHER _____

TOTAL				TOTAL

ORAL INTERVIEW

<input type="checkbox"/>		ABILITY TO COMMUNICATE
<input checked="" type="checkbox"/>	<u>0-5</u>	WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
<input checked="" type="checkbox"/>	<u>0-2</u>	ABILITY TO REASON AND COMPREHEND
<input checked="" type="checkbox"/>	<u>0-2</u>	INTEREST AND MOTIVATION
<input type="checkbox"/>		OTHER _____
<input type="checkbox"/>		OTHER _____

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TOTAL	40			TOTAL
	20			
	10			
	10			

TOTAL ALLOWABLE POINTS →

100				TOTAL SCORE →
-----	--	--	--	----------------------

RANK _____

EVALUATED BY _____ DATE _____

SPONSOR NAME Kevin Jamba (Name)

SPONSOR ADDRESS 9 Karic Drive, Conklin NY 13748

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.

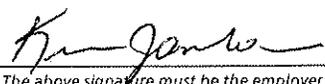
If an employee is an apprentice, the program's apprenticeship administrator and the NYS Division of Equal Opportunity Development must be notified of the complaint.

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.

____/____/____
Date

Approved by: _____
NYS Department of Labor, Division of Equal Opportunity Development

____/____/____
Date

Sponsor Name Kevin Jamba Sponsor Code _____ No. of Appr. _____

Trade Electrician Trade Code(s) 17-072

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Please send to your regional DOL office:



New York State Department of Labor

Apprenticeship Agreement

Sponsor No. _____ ATP Code 17072

I. Apprenticeship Agreement

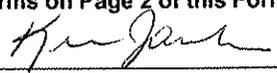
Name of Apprentice (Last, First, M.I.) <u>SMITH, RICHARD D.</u>	1. Name of Program Sponsor <u>Kevin Jamba</u>		
	Physical address of Program Sponsor (no. and street) <u>9 Marie Dr</u>		
	City <u>Conklin</u>	County <u>Broome</u>	State <u>NY</u>
	Zip code <u>13748</u>		
	Mailing address of Program Sponsor (no. and street)		
City _____ County _____ State _____ Zip code _____			
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid <u>Electrician</u>			
3. Start Date	4. Length of program (Months) <u>60</u>	5. DOL Apprentice Probation Period for Completion Rates (Months) <u>12 Months</u>	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) <u>BOCES - Binghamton, NY</u>		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate <u>\$ 20.00</u>
8. Credit for previous training or experience: Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> 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
<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>					
<u>\$ 14</u>	<u>\$ 15</u>	<u>\$ 16</u>	<u>\$ 17</u>	<u>\$ 18</u>					

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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 07/01/2014

 Signature of Official Sponsor Representative _____ Date 4/4/14

Registered by the New York State Department of Labor:

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

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

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 17-072

I. Apprenticeship Agreement

Name of Apprentice (Last, First, M.I.) GREGORYS JR R		Name of Program Sponsor Kevin Jamba			
[Redacted]		Physical address of Program Sponsor (no. and street) 9 MARIC DR			
		City CONKLIN	County BROOME	State NY	Zip code 13748
		Mailing address of Program Sponsor (no. and street)			
		City	County	State	Zip code
		2. Trade: <input checked="" 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 months			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) BOCES - Binghamton, NY		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: Months _____ Points _____ Sections _____ <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name)					

9. Apprenticeship 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					
\$ 14	\$ 15	\$ 16	\$ 17	\$ 18					

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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 4/14/14
 Signature of Official Sponsor Representative _____ Date 4/14/14
 Registered by the New York State Department of Labor:

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

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

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