



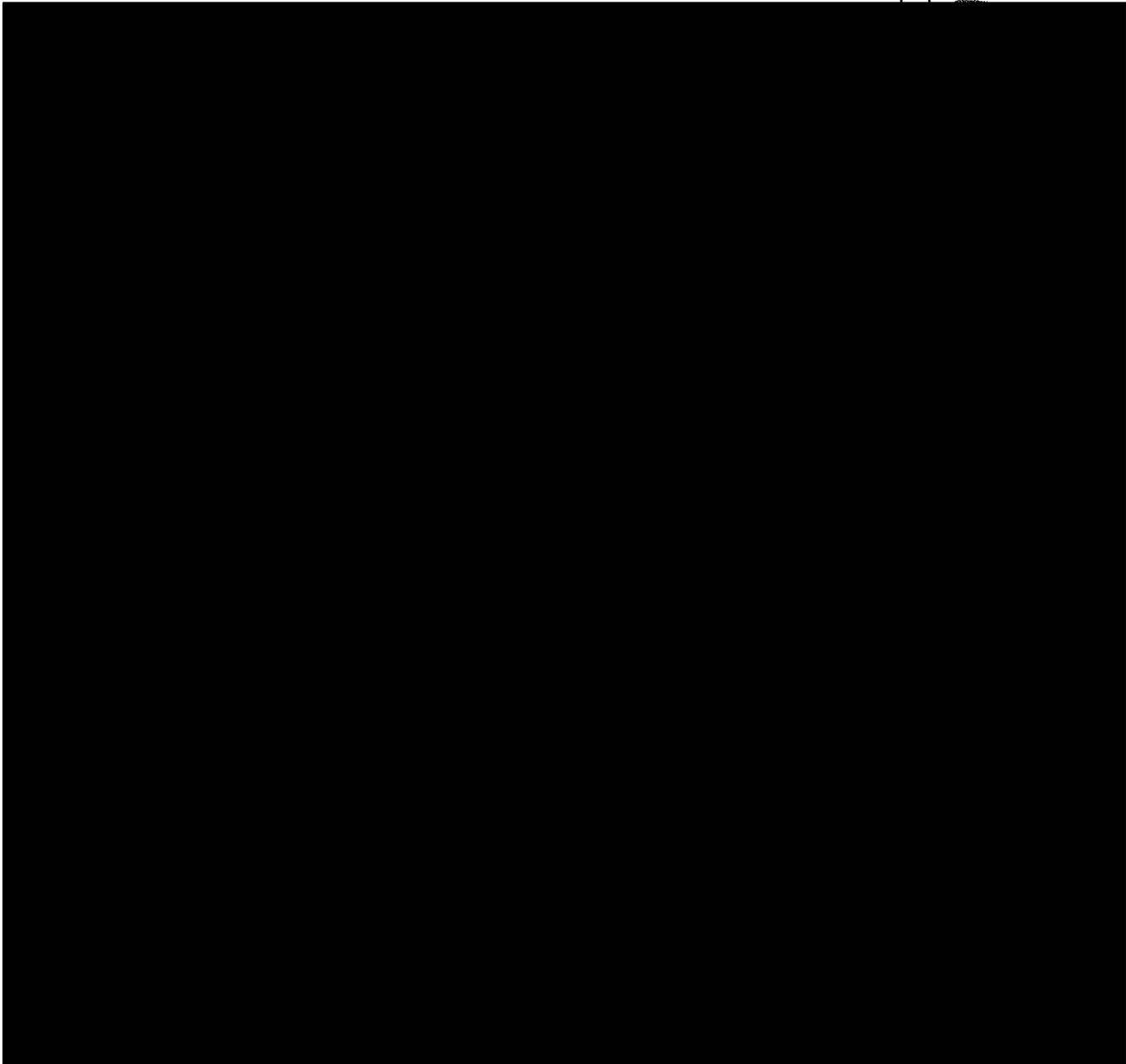
New York State Department of Labor

Apprentice Training Program Transmittal

SP:
ATP: 69-374

| | | |
|---|---|---|
| Sponsor National Maintenance Contracting Corp (NMCC) | | District Western-Bflo. |
| Name, local no. and address of union (if none, write none) none | | |
| Trade / Occupation Plant Maintenance - Welder | | Requested date 8/6/15 |
| <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)





New York State Department of Labor

Apprentice Training Program Registration Agreement

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Revision

(nature of change) Workforce Dev. & Trng

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| State Use Only | |
|------------------------------|--------|
| AT sponsor no. | |
| ATP code | 69-374 |
| Effective date of AT program | |

- Name of sponsor: National Maintenance Contracting Corp (NMC)
- Mailing address: P O Box 258 Niagara Falls NY 14304 Niagara (number & street) (city) (state) (zip code) (county)
- Actual address: 5600 Niagara Falls Blvd Niagara Falls NY 14304 Niagara (number & street) (city) (state) (zip code) (county)
- Telephone no.: 716-285-1583 (telephone #) (ext. #) 716-285-3590 (fax #)
- Trade/Occupation: Plant Maintenance - Welder
- No. employees: 43 No. apprentices: 150 SM No. journeyworkers: 15 7. Ratio: 1:1:1:1 (non-standard)
- ISC code: NA 9. DOT code: 819-384-010 10. Length of program: 48 months
- Apprentice probationary period: 1 year 12. Work process: Standard or Revised
- Minimum journeyworker rate: \$ 24.00 per Hour 14. Effective date of wages: 7-20-15

15. Apprentice wage progression for each period - in months (M) or hours (H)

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| M <input type="checkbox"/> H <input checked="" type="checkbox"/> 2000 | M <input type="checkbox"/> H <input type="checkbox"/> |
| 13.00 | 15.50 | 18.00 | 21.00 | | | | | | |

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

17. Samuel D. Lehr 7/20/15
 Signature of official sponsor representative Date
Samuel D. Lehr, President
 Print name and title

18. _____ / /
 Signature of union representative Date

 Print name, title, and union name

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



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New York State Department of Labor

Sponsor Information Sheet

SPONSOR #
ATP#V 69-374
SPONSOR

Instructions:

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- 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.

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APPRENTICESHIP TRAINING
CENTRAL OFFICE

| | | |
|--|----------------------------------|---|
| Sponsor Name: National Maintenance Contracting Corp. ("NMCC") | | Trade Name: Plant Maint - Welder |
| Name of Entity Completing Form: | | FEIN No.: [REDACTED] |
| Mailing Address: P O Box 258, Niagara Falls, NY 14304 | | NYS Employer Registration (ER) No.: [REDACTED] |
| Fax No.: (716) 285-3580 | Phone No.: (716) 285-1583 | 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? 8 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 checked="" type="checkbox"/> No <input 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 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 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.

Samuel D. Lehr
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

6/26/15
Date

Samuel D. Lehr President
Print Name and Title

Sworn to me this 26th day of June, 2015

Florence Ruth Miner
Signature of Notary Public or Commissioner of Deeds





NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

SPONSOR #
ATP # 69-374

| |
|---|
| Trade |
| Plant Maintenance-Welder |
| Sponsor Name |
| National Maintenance Contracting Corp(NMCC) |
| Sponsor's Representative |
| Samuel D. Lehr - President/Owner |
| Sponsor Address (No. & Street) (City) |
| PO Box 258-5600 Niagara Falls Blvd Niag.Falls |
| (County) (State) (Zip Code) |
| Niagara NY 14304 |
| Sponsor Telephone No. |
| 716 285-1583 |
| Proposed Number of Apprentices |
| 1 |

RELATED INSTRUCTION IS NOTAVAILABLE

RELATED INSTRUCTION ISAVAILABLE AT:

Name of School NCCC or ECC
Address Orleans-Niagara BOCES
3181 Saunders Settlement Rd
Sanborn, NY 14132

Address

School Representative:

AT Office Name and Address:

New York State Department of Labor
Buffalo Apprenticeship Office
290 Main St - Mezz Level
Buffalo, New York 14202

Name and Address of DLEA:

Marlene Mical
Orleans-Niagara BOCES
3181 Saunders Settlement Rd
Sanborn, NY 14132

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OFFICE

Apprentice Training Representative:



Signature of DLEA:



Date Prepared:

07/22/15

Date Prepared:



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Workforce Dev. & Trng
BUFFALO

SP:
ATP: 69-374

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.

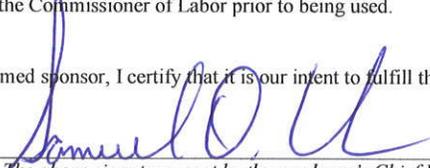
If an employee is an **apprentice**, the program's apprenticeship administrator and the NYS Division of Equal Opportunity Development **must** be notified of the complaint.

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.

7/20/15
Date

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

_____/_____/_____
Date

Sponsor Name National Maintenance Contracting Corp Sponsor Code _____ No. of Appr. _____

Trade Construction Trade Code(s) 69-374 Plant Maint-Welder



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

National Maintenance Contracting Corporation (NMCC) , located at (Sponsor)

5600 Niagara Falls Blvd. Niagara Falls, New York 14304 (Address)

is presently accepting applications for an estimated 1 apprentice training positions in (No. of openings)

the occupation of Plant Maintenance -Welder (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/GED/TASC

Physical condition: Be physically able to perform the work required as determined by Signed personal affidavit attesting ability to perform work required and pass drug test

(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: Valid NYS drivers license to operate company vehicle

Other: Reliable transportation to various worksites and to attend various related instruction facilities.

Other:

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

Name: NMCC Days:

Address: 5600 Niagara Falls Blvd. Times:

Niagara Falls, NY 14303

Phone number: (716) 285-1583 Email address:

Special instructions: All applications must be filled out on premises

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

Sponsor Code: _____
ATP Code: 69-374

| | | | |
|-------------------|-----------------------------------|-------|-----|
| NAME OF CANDIDATE | TRADE Plant Maintenance-Welder | | |
| ADDRESS | CITY | STATE | ZIP |

ONLY THOSE CHECKED APPLY

| | | MAXIMUM POINTS ALLOWABLE | NUMBER OF YEARS CREDITED | SCORE | |
|---|---|--|--------------------------|-------|-------|
| EDUCATIONAL ACHIEVEMENT | | TOTAL | 20 | | TOTAL |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES | 5 | | |
| <input checked="" type="checkbox"/> | 2 | POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE <u>10</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES | 10 | | |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED OTHER <u>each additional course requiring Fed/State Certification or license to perform.</u> | 5 | | |
| WORK EXPERIENCE | | TOTAL | 20 | | TOTAL |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE | 5 | | |
| <input checked="" type="checkbox"/> | 2 | POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE | 10 | | |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE | 5 | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| SENIORITY | | TOTAL | 15 | | TOTAL |
| <input checked="" type="checkbox"/> | 1 | POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM | 15 | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| JOB APTITUDE | | TOTAL | | | TOTAL |
| <input type="checkbox"/> | | SATB (SPECIFIC APTITUDE TEST BATTERY) # _____ | | | |
| <input type="checkbox"/> | | POINTS FOR HIGH _____ MEDIUM _____ LOW _____ | | | |
| <input type="checkbox"/> | | NAME OF ALTERNATIVE APTITUDE TEST: _____ | | | |
| <input type="checkbox"/> | | ADMINISTERED BY _____ | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE | | TOTAL | 35 | | TOTAL |
| <input checked="" type="checkbox"/> | 1 | ABILITY TO COMMUNICATE | 10 | | |
| <input checked="" type="checkbox"/> | 1 | WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP | 10 | | |
| <input checked="" type="checkbox"/> | 1 | ABILITY TO REASON AND COMPREHEND | 10 | | |
| <input checked="" type="checkbox"/> | 1 | INTEREST AND MOTIVATION | 5 | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| <input type="checkbox"/> | | OTHER _____ | | | |
| TOTAL ALLOWABLE POINTS → | | 95 | TOTAL SCORE → | | |

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME National Maintenance Contracting Corp. - (NMCC)

SPONSOR ADDRESS PO Box 258 - 5600 Niagara Falls Blvd., Niagara Falls, NY 14304