



New York State Department of Labor

Apprentice Training Program Transmittal

SP:  
ATP: 31-227, 51-255,  
69-419, 63-373,  
67-372, 33-295,  
32-393

Sponsor Ford Motor Company		District Western-Bflo.
Name, local no. and address of union (If none, write none) UAW Local 897, 3796 Lakeshore Rd. Buffalo, NY 14219		
Trade / Occupation Plant Mant. - Millwright, Plant Mant. - Electrician, Plant Mant. - Pipefitter Tool & Die Maker, Industrial Truck Mechanic, Welder-Industrial, Machine Repairer		Requested date 5/25/2016
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input checked="" type="checkbox"/> Joint <input 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)



New York State Department of Labor

Apprentice Training Program Registration Agreement

Revision  New Program  
(nature of change)

NYS Department of Labor  
Apprentice Training

State Use Only	
AT sponsor no.	MAY 31 2016
ATP code	Central Office
33-295	
Effective date of AT program	

- Name of sponsor: FORD MOTOR COMPANY
- Mailing address: 3663 LAKESHORE BLVD BUFFALO NY 14219 Erie  
(number & street) (city) (state) (zip code) (county)
- Actual address: 3663 LAKESHORE BLVD BUFFALO NY 14219 Erie  
(number & street) (city) (state) (zip code) (county)
- Telephone no.: [REDACTED] (telephone #) (ext. #) (fax #)
- Trade/Occupation: WELDER- Industrial
- No. employees: 1015 No. apprentices: 0 No. journeyworkers: 10 7. Ratio: 1:1:1:1  
(non-standard)
- ISC code: n/a 9. DOT code: 810-384-014 10. Length of program: 48 months
- Apprentice probationary period: 12 Months 12. Work process: Standard  or Revised
- Minimum journeyworker rate: \$33.55 per hour 14. Effective date of wages: SEPTEMBER 14th 2015
- 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"/>	M <input type="checkbox"/> H <input type="checkbox"/>	M <input type="checkbox"/> H <input type="checkbox"/>							
0-1000	1001-2000	2001-3000	3001-4000	4001-5000	5001-6000	6001-7000	7001-8000		
\$29.360	\$29.855	\$29.855	\$30.195	\$30.735	\$31.390	\$32.225	\$32.910		

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

17. Marty Malone 4/29/16  
Signature of official sponsor representative Date  
MARTY MALONE FORD MOTOR CO. JAC  
Print name and title

18. Joseph Tomlinson 4/29/16  
Signature of union representative Date  
JOSEPH TOMLINSON UAW 897 JAC  
Print name, title, and union name

19. \_\_\_\_\_ / /  
Signature New York State Department of Labor Date



New York State Department of Labor

Sponsor Information Sheet

- Tool & Die Maker (31-227)
- Industrial Truck Mechanic (51-255)
- Plant Maintenance – Millwright (69-419)
- Plant Maintenance – Pipefitter (63-373)
- Plant Maintenance – Electrician (67-372)
- Welder – Industrial (33-295)
- Machine Repairer (32-393)

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: Ford Motor Company		Trade Name: see above trades	
Name of Entity Completing Form: Ford Motor Company		FEIN No. [REDACTED]	
Mailing Address: 3663 Lakeshore Road, Buffalo, NY 14219		NYS Employer Registration (E [REDACTED])	
Fax No.: [REDACTED]	Phone No.: [REDACTED]	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? Over 100 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 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 checked="" type="checkbox"/> No <input 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? If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>

NYS Department of Labor

MAY 31 2016

Central Office

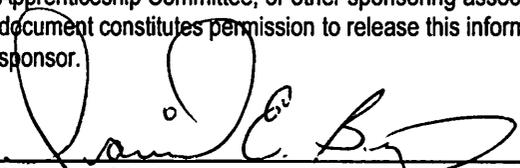
**Certification** – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as 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

4/19/16      DAVID E. BUZO  
Date                      Print Name and Title

Sworn to me this: 19 day of April 2016

  
\_\_\_\_\_  
Signature of Notary Public or Commissioner of Deeds

**Carol LoBello**  
Notary Public, State of New York  
Registration #01LO5085743  
Qualified In Erie County  
Commission Expires Sept. 29, 2017

NYS Department of Labor  
Apprentice Training

MAY 31 2016

Central Office



New York State Department of Labor

Sponsor Information Sheet

Tool & Die Maker (31-227)
Industrial Truck Mechanic (51-255)
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Welder - Industrial (33-295)
Machine Repairer (32-393)

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Sponsor Name: Ford Motor Company
Trade Name: see above trades
Name of Entity Completing Form: United Auto Workers Local 897
FEIN No.
Mailing Address: 3796 Lakeshore Rd Buffalo, NY 14219
NYS Employer Registration (E
Fax No.:
Phone No.:
E-mail Address:
Type of Entity (Mark primary function):
How many years has your organization been in business? 65 Years
Have you done business under a different name?
Is the Sponsor a Group Joint or Group Non-Joint Program?

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?
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)?
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MAY 31 2016

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\_\_\_\_\_  
Signature of CEO, Chair or Representative granted legal authority to bind the Entity

4/17/16 DALE E. ROGERS P/C  
Date Print Name and Title

Sworn to me this: 17<sup>TH</sup> day of APRIL 2016

  
\_\_\_\_\_  
Signature of Notary Public or Commissioner of Deeds

**LEONARD JERNATOWSKI**  
Notary Public, State of New York  
Qualified in Erie County  
Reg. No. 01JE4B04359  
My Commission Expires 12-31-2018

NYS Department of Labor  
Apprentice Training  
MAY 31 2016  
Central Office



NEW YORK STATE DEPARTMENT OF LABOR  
RELATED INSTRUCTION AVAILABILITY

NYS Department of Labor  
Apprentice Training

MAY 31 2016

Central Office

Trade Welder – Industrial		
Sponsor Name Ford Motor Company		
Sponsor's Representative Joseph Tomlinson - Joint Apprentice Coord.		
Sponsor Address (No. & Street) 3663 Lakeshore Blvd.		(City) Buffalo
(County) Erie	(State) NY	(Zip Code) 14219
Sponsor Telephone No. 716-821-4227		
Proposed Number of Apprentices 0		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School  
Erie Community College

Address  
45 Oak Street

Address  
Buffalo, NY 14203

School Representative:

John Slisz  
Coordinator of Corporate Training

Name and Address of DLEA:

Marcia Johnson  
Buffalo Public Schools  
Adult Education Division  
389 Virginia Street  
Buffalo, NY 14201

AT Office Name and Address:

New York State Dept. of Labor  
Apprenticeship Training Unit  
290 Main St - Mezz Level  
Buffalo, New York 14202

Apprentice Training Representative:

Date Prepared:

4/20/2016

Signature of DLEA

Date Prepared:

5/16/16

AT 8 (05/08)

Received  
Apprenticeship Unit

MAY 25 2016

BUFFALO

**PART III - CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS**

Title of Trade Welder – Industrial

**A. CURRENT STAFFING IN THE ABOVE TRADE**

	Total	<u>African American</u>		<u>Hispanic</u>		<u>Other Minority</u>		<u>Women</u>	
		No	%	No	%	No	%	No	%
		Active Journeyworkers							
Registered Apprentices									

**B. PROJECTED NUMBER OF APPRENTICE INDENTURES**

YEAR	20	16	17	18	19	20	TOTALS
New Positions							
Vacancies From Turnover <u>L2</u>							
Total Indentures							

**C. ANNUAL GOALS**

Based on the data and projections above , the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows : L1

YEAR	20	16	17	18	19	20	TOTALS
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Program. The sponsor understands that if the annual goals are not being met , it may be necessary to re-evaluate and change the Affirmative Action Program in order to increase the effectiveness of the program.

- L1 Where no apprentice indentures are planned for a particular group or year , enter "0".
- L2 Includes program graduates and non-graduates , (e.g. voluntary quits , dismissals prior to completion).

NYS Department of Labor  
Apprentice Training

MAY 31 2016

Central Office



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

SP Code: \_\_\_\_\_  
ATP Code: 33-295

FORD MOTOR COMPANY

, located at

(Sponsor)

3663 Lakeshore Blvd, Buffalo, NY 14219

(Address)

is presently accepting applications for an estimated 0 apprentice training positions in  
(No. of openings)

the occupation of Welder (Industrial)

(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 years

Minimum education: Completion of the industrial Readiness Certificate Program as Per CBA

Physical condition: Be physically able to perform the work required as determined by \_\_\_\_\_

Ford Motor Company Medical Staff \_\_\_\_\_ paid by the sponsor.

(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: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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

Name: Joseph Tomlinson UAW 897 JAC Days: \_\_\_\_\_

Address: 3663 Lakeshore Blvd, Buffalo, NY 14219 Times: \_\_\_\_\_

Phone number: ( 716 ) 821-4227 Email address: \_\_\_\_\_

Special instructions: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

All applications must be received/postmarked (please circle) no later than MAY 31 2016



NEW YORK STATE DEPARTMENT OF LABOR  
SELECTION STANDARDS AND EVALUATION

Sponsor Code: \_\_\_\_\_

33-295

ATP Code: \_\_\_\_\_

NAME OF CANDIDATE	TRADE Welder – Industrial		
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 \_\_\_\_\_

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

**WORK EXPERIENCE**

- \_\_\_\_\_ POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE
- \_\_\_\_\_ POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE
- \_\_\_\_\_ POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE
- \_\_\_\_\_ OTHER \_\_\_\_\_

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

**SENIORITY**

- \_\_\_\_\_ POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM
- \_\_\_\_\_ OTHER Selected by seniority based on year of completion of Industrial Readiness Certificate program \_\_\_\_\_

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

**JOB APTITUDE**

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

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

**ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE**

- \_\_\_\_\_ ABILITY TO COMMUNICATE
- \_\_\_\_\_ WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- \_\_\_\_\_ ABILITY TO REASON AND COMPREHEND
- \_\_\_\_\_ INTEREST AND MOTIVATION
- \_\_\_\_\_ OTHER \_\_\_\_\_
- \_\_\_\_\_ OTHER \_\_\_\_\_

TOTAL

MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE

TOTAL

TOTAL ALLOWABLE POINTS →

TOTAL SCORE →

RANK \_\_\_\_\_

EVALUATED BY \_\_\_\_\_ DATE \_\_\_\_\_

SPONSOR NAME Ford Motor Company

SPONSOR ADDRESS 3663 Lakeshore Blvd., Buffalo, NY 14219

NYS Department of Labor  
Apprentice Training

MAY 31 2016