



New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training
AUG 18 2016

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

A. Sponsor name: Frederico Construction and Development, LLC

B. Trade(s): Skilled Construction Craft Laborer

C. Type of Apprenticeship Training Program (check one):
1.  Individual Non-Joint 2.  Individual Joint 3.  Group Non-Joint\* 4.  Group Joint (JAC/JATC)\*

\*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.

D. Name of entity completing this form: Frederico Construction and Development, LLC

E. Entity completing this form (check one):
 Individual Employer/Sponsor  Union  JAC/JATC  Association
 Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body

F. Mailing address: Street: 1017 Chili Avenue
City/Town: Rochester State: NY Zip Code: 14611

G. Email: [Redacted] H. Phone: (585) 563-3578 I. Fax: (585) 625-3579

J. Federal Employer Identification Number (FEIN): [Redacted]

K. NYS Unemployment Insurance Employer Registration (ER) Number: [Redacted]

L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?  Yes  No

M. Type of Entity (check one and provide attachments as noted in the instructions):
 Corporation  Partnership  Sole-Proprietor  LLC  LLP  Other

N. How many years has your organization been in business? 9

O. Within the past five (5) years, have you done business under a different name?  Yes  No
If 'Yes', provide attachments as noted in the instructions.

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,\*\* any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program?  Yes  No
If 'Yes', provide attachments as noted in the instructions.

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,\*\* any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law?  Yes  No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?  Yes  No
3. Any grant of immunity for conduct constituting a crime under state or federal law?  Yes  No

\*\* For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity 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  No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?.....  Yes  No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?.....  Yes  No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?.....  Yes  No  
b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?  Yes  No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?.....  Yes  No  
b. If 'Yes', was the violation determined to be willful?.....  Yes  No
9. 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  No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?.....  Yes  No

**After completing Sections I and II, you must sign Section III, and have it notarized.**

**Section III**

**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, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- 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 \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, 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.

*Lee Frederico*  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity

6/7/16  
 Date

Print name and title: Lee Frederico, Managing Member

Sworn to me this: 7<sup>th</sup> day of June 2016 *Karrie A. Whelehan*  
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only  
 Received  
 Apprenticeship Unit  
 JUL 21 2016  
 ROCHESTER  
 Field - Receipt Date Stamp

KARRIE A WHELEHAN  
 Notary Public, State of New York  
 Registration #01WH4932877  
 Qualified In Wayne County  
 Commission Expires August 1, 2018



AUG 18 2016

# Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program Application

Central Office State Use Only	
AT Sponsor No.	
ATP Code	<b>18-514</b>
Effective Date of AT Program	

- Name of Sponsor: Frederico Construction & Development, LLC.
- Mailing Address: 1017 Chili Ave Rochester NY 14611 Monroe  
(number & street) (city) (state) (zip code) (county)
- Actual Address: Same as above  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 585-563-3578 Ext. \_\_\_\_\_ Fax No.: 585-625-3579
- E-mail Address:
- Trade/Occupation: Skilled Construction Craft Laborer
- No. Employees: 20 No. Apprentices: 0 No. Journeyworkers: 15 8. Ratio: 1:1;1:3
- DOT Code: 869-463-580 10. Length of Program: 24 months
- Apprentice Probationary Period: 6 Months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 17.00 per hour 14. Effective Date of Wages: \_\_\_\_\_

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 checked="" type="checkbox"/>	M <input type="checkbox"/>								
H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
6	6	6	6						
\$15.00	\$15.50	\$16.00	\$16.50						

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

17. *[Signature]* 6/7/16 18. \_\_\_\_\_  
 Signature of Official Sponsor Representative Date Signature of Union Representative Date

LEE FREDERICO - MGR. \_\_\_\_\_  
 Print Name and Title Print Name, Title, and Union Name

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

NYS Department of Labor  
Apprentice Training

AUG 18 2016

SP:  
ATP: 18-514

Central Office  
**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*

6/7/16  
Date



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

SP: ATP: 18-514

Frederico Construction & Development, LLC, located at (Sponsor)

1017 Chili Avenue, Rochester, NY 14611 (Address)

NYS Department of Labor Apprenticeship Training AUG 18 2016 Central Office

is presently accepting applications for an estimated 1 apprentice training positions in the occupation of Skilled Construction Craft Laborer

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: HSD or High School Equivalency diploma such as TASC or GED.

Physical condition: Be physically able to perform the work required as determined by Written Affidavit attesting to physical ability to perform the work of a Skilled Construction Craft Laborer.

(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 be physically able to lift materials in excess of 70lbs,

Must be able to frequently work outdoors in all types of weather,

Other: Must be able to take and pass a drug test prior to employment at cost of employer,

Must have a valid NYS driver's license in order to drive company vehicles,

Other: Must have reliable transportation to and from various job sites and related instruction classes.

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

Name: Frederico Construction & Developmen Days:

Address: 1017 Chili Avenue Times: Rochester, NY 14611

Phone number: 585) 563-3578 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 EVALUATIONS

Sponsor Code: \_\_\_\_\_  
ATP Code: 18-514

NAME OF CANDIDATE		TRADE Skilled Construction Craft Laborer	
ADDRESS	CITY	STATE	ZIP

ONLY THOSE CHECKED APPLY

		MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE	TOTAL
<b>EDUCATIONAL ACHIEVEMENT</b>					
TOTAL		18			TOTAL
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	4			
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	6			
<input checked="" type="checkbox"/>	2 POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED	6			
<input checked="" type="checkbox"/>	2 OTHER <u>OSHA 10 Card</u>	2			
<b>WORK EXPERIENCE</b>					
TOTAL		24			TOTAL
<input checked="" type="checkbox"/>	3 POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE	9			
<input checked="" type="checkbox"/>	3 POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE	9			
<input checked="" type="checkbox"/>	2 POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE	6			
<input type="checkbox"/>	OTHER _____				
<b>SENIORITY</b>					
TOTAL		5			TOTAL
<input checked="" type="checkbox"/>	1 POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM	5			
<input type="checkbox"/>	OTHER _____				
<b>JOB APTITUDE</b>					
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 _____				
<b>ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE</b>					
TOTAL		20			TOTAL
<input checked="" type="checkbox"/>	1 ABILITY TO COMMUNICATE	5			
<input checked="" type="checkbox"/>	1 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP	5			
<input checked="" type="checkbox"/>	1 ABILITY TO REASON AND COMPREHEND	5			
<input checked="" type="checkbox"/>	1 INTEREST AND MOTIVATION	5			
<input type="checkbox"/>	OTHER _____				
<input type="checkbox"/>	OTHER _____				
TOTAL ALLOWABLE POINTS →		67	TOTAL SCORE →		

RANK \_\_\_\_\_

EVALUATED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Name)

SPONSOR NAME Frederico Construction & Development, LLC

SPONSOR ADDRESS 1017 Chili Avenue, Rochester, NY 14611

AT 508 (03-08)

NYS Department of Labor  
Apprentice Training

AUG 18 2016

Central Office



Department of Labor

New York State Department of Labor

Received Apprenticeship Unit

AUG 2 2016

ROCHESTER

Sponsor Code \_\_\_\_\_  
Trade Code 18-514

NYS Department of Labor  
Apprentice Training

AUG 18 2016

Central Office

### Related Instruction Availability

Trade: Skilled Construction Craft Laborer

Sponsor Name: Frederico Construction & Development, LLC

Sponsor Representative: Lee Frederico

Sponsor Address:

No. & Street: 1017 Chili Avenue City: Rochester

County: Monroe State: NY Zip Code: 14611

Sponsor Telephone No.: 585-563-3578

Proposed Number of Apprentices: 1

#### AT Office

Name: NYS Dept of Labor, Office of Apprentice Training

No. & Street: 276 Waring Rd

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: [REDACTED] Date Prepared: 7/14/2016

Related instruction is **not** available.

Related instruction **is** available at:

#### School

Name: ABC (Associated Builders and Contractors)

No. & Street: 2672 Ridge Road

City: Greece State: NY Zip Code: 14626

School Representative: Amy Platenik

#### School

Name: Sexton Services, Inc. [REDACTED]

No. & Street: 1025 Chili Avenue

City: Rochester State: NY Zip Code: 14611

School Representative: Frances Youney

#### DLEA

Name: Paul V. Burke

No. & Street: Office of Adult & Continuing Education, Rochester City School District

City: 30 Hart Street State: NY Zip Code: 14605

Signature of DLEA [REDACTED] Date Prepared: 7/27/2016

AT 8 (6-16)