



Apprentice Training Program Registration Agreement

SEP 14 2016

Revision

Nature of Change: _____

State Use Only	
AT Sponsor No.	
ATP Code	32-130A
Effective Date of AT Program	

- Name of Sponsor: Fuller Tool Incorporated
- Mailing Address: 225 Platform Rd. Newport NY 13416 Herkimer
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-891-3183 Ext. _____ Fax No.: 315-891-3068
- E-mail Address: [REDACTED]
- Trade/Occupation: Machinist (CNC)
- No. Employees: 8 No. Apprentices: 1 No. Journeyworkers: 1 8. Ratio: 1:1,1:1
- DOT Code: 600.282-022 10. Length of Program: 48 months
- Apprentice Probationary Period: 12 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$ 19.00 per hour 14. Effective Date of Wages: August 1, 2016

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"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input type="checkbox"/>									
2000	2000	2000	2000							
15.00	16.00	17.00	18.00							

- The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- Rodney Fuller 8-25-16 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date

Rodney Fuller, President _____
 Print Name and Title Print Name, Title, and Union Name
- _____
 Signature New York State Department of Labor Date



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions

SEP 14 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: Fuller Tool, Inc.
B. Trade(s): Machinist (CCNC)
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: Fuller Tool, Inc.
E. Entity completing this form (check one):
[X] 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: 225 Platform Rd.
City/Town: Newport State: NY Zip Code: 13416
G. Email: [Redacted] H. Phone: (315) 891-3123 I. Fax: (315) 891-3068
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? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 19
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] 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 [X] 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 [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] 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.

Rodney Fuller 8-25-16
Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Rodney Fuller

Sworn to me this: 25 day of August 2016 Melissa McCredie
Signature of Notary Public or Commissioner of Deeds





Sponsor Code _____
Trade Code 32-130A

Related Instruction Availability

Trade: Machinist (CNC)

Sponsor Name: Fuller Tool Incorporated

Sponsor Representative: Rodney Fuller

Sponsor Address: _____

No. & Street: 225 Platform Road City: Newport

County: Herkimer State: NY Zip Code: 13416

Sponsor Telephone No.: 315-891-3183

Proposed Number of Apprentices: 1

AT Office

Name: New York State Department of Labor

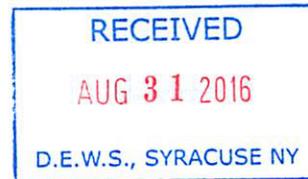
No. & Street: 450 S. Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 8/19/2016

Related instruction is **not** available.

Related instruction **is** available at:



School

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

School Representative: Dick Suhr

School

Name: ToolingU online at www.toolingu.com

No. & Street: 3615 Superior Avenue East, Bldg 44, 6th Floor

City: Cleveland State: OH Zip Code: 44114

School Representative: _____

DLEA

Name: Kathleen Rinaldo, Madison-Oneida BOCES

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 8/29/16

AT 8 (6-16)



Apprenticeship Agreement

NYS Department of Labor Apprenticeship Training

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 32-130A

SEP 14 2016

Name of Apprentice (Last, First, M.I.) Paugh, Aaron M.		1. Name of Program Sponsor Fuller Tool Incorporated	
		Physical address of Program Sponsor (no. and street) 225 Platform Road	
		City Newport	County Herkimer
		Mailing address of Program Sponsor (no. and street) 225 Platform Road	
		City Newport	County Herkimer
2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Machinist (CNC)			
3. Start Date	4. Length of program (Months) 48	5. DOL Apprentice Probation Period for Completion Rates (Months) 12	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Mohawk Valley Community College, Utica, NY, ToolingU (toolingu.com)		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate 19.00/hour
8. Credit for previous training or experience: 12 Months		Points	Sections
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name):		Fuller Tool Incorporated	

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
2000	2000	2000	2000						
15.00	16.00	17.00	18.00						

The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.

Aaron Paugh
Signature of Apprentice and Parent/Guardian if age 16-17

8/25/16
Date

Robert Fuller
Signature of Official Sponsor Representative

8/25/16
Date

Registered by the New York State Department of Labor:

Signature New York State Department of Labor

Date

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

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

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		
Date	Init.	
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

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	_____	_____



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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; and/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 Apprenticeship Director **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, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, attached.

- D. **Recruitment:** It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) 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 Job Bank (www.newyork.us.jobs/).
- 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 sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: *Rodney Fuller* 8-25-16
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Rodney Fuller, President
Print Name and Title



SEP 14 2016

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code Central Office

Trade Code 32-130A

Fuller Tool Incorporated, located at

(Sponsor)

225 Platform Road, Newport NY 13416

(Address)

is presently accepting applications for an estimated _____ apprentice training positions in

(No. of Openings)

the occupation of Machinist (CNC)

(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: 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:

Other:

Other:

Application Forms May be Obtained From:

Name: Fuller Tool Incorporated

Address:

225 Platform Road, Newport NY 13416

Phone Number: (315) 891 - 3183

Special Instructions:

Dates:

From: _____ To: _____

Days: Monday through Thursday

Times: 8:00 a.m. - 4:30 p.m.

Email Address: [REDACTED]

All Applications Must be (please check) Received Postmarked no Later Than: _____



Selection Standards and Evaluations

Name of Candidate	Trade Machinist (CNC)		
Address	City	State	Zip

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement <input checked="" type="checkbox"/> <u>2.5</u> Points for Each Year of Educational Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>2.5</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	Total	25		Total
		5		
		10		
		10		
Work Experience <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of General Work Experience <input type="checkbox"/> _____ Other _____	Total	30		Total
		20		
		5		
		5		
Seniority <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	Total	5		Total
		5		
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: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> <u>0-10</u> Ability to Communicate <input checked="" type="checkbox"/> <u>0-10</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>0-10</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>0-10</u> Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total	40		Total
		10		
		10		
		10		
		10		

Total Allowable Points → 100 Total Score →

Rank _____

Evaluated by _____ (Name) Date _____

Sponsor Name Fuller Tool Incorporated

Sponsor Address 225 Platform Road, Newport NY 13416

AT 508 (5-16)

NYS Department of Labor
Apprentice Training

SEP 14 2016

Central Office