



NYS DOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

NYS Department of Labor Apprenticeship Training

SEP 08 2016

Central Office

New York State Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

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: MORE CONSULTING CORP.
B. Trade(s): ROOFER
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: MORE CONSULTING CORP.
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: 19 OLD DOCK ROAD
City/Town: YAPHANK State: NY Zip Code: 11980
G. Email: [REDACTED] H. Phone: (631) 924-1414 I. Fax: (631) 924-5514
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? 8
O. Within the past five (5) years, have you done business under a different name? [X] 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? [X] 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 [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:

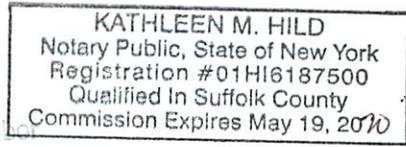
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine 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.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 7/5/16

Print name and title: BRIAN J. MORRELL, PRESIDENT

Sworn to me this: 5 day of July 2016 _____
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor Apprenticeship Training
SEP 08 2016



Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

NYS Department of Labor Apprentice Training

SEP 08 2016

State Use Only	
AT Sponsor No.	
ATP Code	
Effective Date of AT Program	

- 1. Name of Sponsor: More Consulting Corp.
- 2. Mailing Address: 19 Old Dock Rd. Yaphank NY 11980 Suffolk
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 19 Old Dock Rd. Yaphank NY 11980 Suffolk
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 631-924-1414 Ext. _____ Fax No.: 631-924-5514
- 5. E-mail Address: _____
- 6. Trade/Occupation: Roofer
- 7. No. Employees: 40 No. Apprentices: 2 No. Journeyworkers: 28 8. Ratio: 1:1; 1:2
- 9. DOT Code: 866 381010 10. Length of Program: 36 months
- 11. Apprentice Probationary Period: 9 mos. 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ 25 per hour & benefits 14. Effective Date of Wages: 1/1/16

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"/>
H <input checked="" type="checkbox"/>	H <input type="checkbox"/>								
1000	1000	1000	1000						
65%	75%	85%	95%						

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

17. Brian J. Morrell 7/5/16 18. _____
 Signature of Official Sponsor Representative Date Signature of Union Representative Date
Brian J. Morrell, President _____
 Print Name and Title Print Name, Title, and Union Name

19. _____
 Signature New York State Department of Labor Date



Department of Labor

New York State Department of Labor

RECEIVED HICKSVILLE, L. I.

JUL 07 REC'D

NYS DEPARTMENT OF LABOR APPRENTICESHIP UNIT

Sponsor Code

Trade Code 15-194

Related Instruction Availability

Trade: Roofer

Sponsor Name: More Consulting Corp

Sponsor Representative: Brian J. Morrell

Sponsor Address:

No. & Street: 19 Old Dock Road

City: Yaphank

County: Suffolk

State: NY

Zip Code: 11980

Sponsor Telephone No.: 631-924-1414

Proposed Number of Apprentices: 2

AT Office

Name: NYS Department of Labor Apprentice Training Unit

No. & Street: 303 W. Old Country Road 2nd Floor

City: Hicksville

State: NY

Zip Code: 11801

Apprentice Training Representative: [Redacted]

Date Prepared: 6/16/2016

Related instruction is not available.

Related instruction is available at:

School

Name: Construction Training Center of NYS

No. & Street: 33 Comac Loop

City: Ronkonkoma

State: NY

Zip Code: 11779

School Representative: Michael Tedesco

School

Name: _____

No. & Street: _____

City: _____

State: _____

Zip Code: _____

School Representative: _____

DLEA

Name: Western Suffolk BOCES - Wilson Technological Center

No. & Street: 17 Westminster Avenue

City: Dix Hills

State: NY

Zip Code: 11746

Signature of DLEA [Redacted]
AT 8 (6-16)

Date Prepared: 7-5-16

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NYS DEPARTMENT OF LABOR APPRENTICESHIP UNIT



Department of Labor

Department of Labor
Apprentice Training

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Please send to your regional DOL office:

NEW YORK STATE DEPT OF LABOR
D.E.W.S.
APPRENTICESHIP UNIT (L.I.)
303 West Old Country Road 2nd Fl.
Hicksville, New York 11801

Apprenticeship Agreement

NYS DEPARTMENT OF LABOR
APPRENTICESHIP UNIT

SEP 08 2016

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 15-194

Name of Apprentice (Last, First, M.I.) ESCOBAR, NUMAN		1. Name of Program Sponsor MORE CONSULTING CORP.			
[Redacted]		Physical address of Program Sponsor (no. and street) 19 OLD DOCK RD.			
		City	County	State	Zip code
		Yaphank	Suffolk	NY	11980
		Mailing address of Program Sponsor (no. and street) 19 OLD DOCK RD.			
		City	County	State	Zip code
Yaphank	Suffolk	NY	11980		
		2. Trade: <input checked="" type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Roofer			
3. Start Date	4. Length of program (Months) 36	5. DOL Apprentice Probation Period for Completion Rates (Months) 9			
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) Construction Training Center of NYS, 33 Comac Loop, Ronkonkoma, NY 11779		RI Compensated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate \$25 plus benefits		
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input checked="" type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Previous Experience (Employer name): More Contracting & Consulting, Inc.		Months 36 Points 30	Sections		

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
1000	1000	1000	1000						
65%	75%	85%	95%						

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: [Signature] Date: 7/5/16
 Signature of Official Sponsor Representative: [Signature] Date: 7/5/16

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: / /

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.

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

Signature of DLEA Representative _____ Date: / / Print Name _____



Department of Labor

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JUL 07 REC'D

NEW YORK STATE DEPT. OF LABOR D.E.W.S. APPRENTICESHIP UNIT (L.I.) 303 West Old Country Road 2nd Fl. Hicksville, New York 11801

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. _____ ATP Code 15-194

Name of Apprentice (Last, First, M.I.)

Poplawski, Adrian

1. Name of Program Sponsor

MORE CONSULTING CORP.

Physical address of Program Sponsor (no. and street)

19 OLD DOCK RD.

City County State Zip code

Yaphank Suffolk NY 11980

Mailing address of Program Sponsor (no. and street)

19 OLD DOCK RD.

City County State Zip code

Yaphank Suffolk NY 11980

2. Trade: Time-based Competency-based Hybrid

Roofer

3. Start Date 4. Length of program (Months) 5. DOL Apprentice Probation Period for Completion Rates (Months) 36 9

6. Related and Supplemental Instruction (RI) Provider(s) and location(s)

Construction Training Center of NYS, 33 Comac Loop, Ronkonkoma, NY 11779

RI Compensated Yes No

7. Minimum Journey-Worker Rate \$25 plus benefits

8. Credit for previous training or experience: 11 Months Points Sections Reinstatement Vocational Education Transfer Previous Experience (Employer name): More Consulting Corp.

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

Table with 10 columns for wage progression periods (1-10) and rows for wage amount and percentage.

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: Adrian Poplawski Date: 6/24/16 Signature of Official Sponsor Representative: [Signature] Date: 6/24/16

Registered by the New York State Department of Labor:

State Use Only table with columns for Date and Init. for 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 (Explain in Comments) Quit Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

State Use Only table with columns for Date and Init. for 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 table with columns for Date and Init. for To ATC, To DLEA, Data Entry.



Department of Labor

New York State Department of Labor

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NYS DEPARTMENT OF LABOR APPRENTICESHIP UNIT

NYS Department of Labor Apprenticeship Training

Non-Discrimination Plan (Short Form)

SEP 08 2016

Central Office

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, Apprenticeship 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.
[X] 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:

[Handwritten signature]

7/17/16

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Date

Brian J. Morrell, President



Department of Labor

New York State Department of Labor

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NYS DEPARTMENT OF LABOR APPRENTICESHIP UNIT

Apprentice Training Recruitment Notification and Minimum Qualifications

NYS Department of Labor Apprenticeship Training

Sponsor Code _____

Trade Code 15-194

SEP 08 2016

More Consulting Corp. _____, located at

(Sponsor)

19 Old Dock Road, Yaphank, NY 11980

Central Office

(Address)

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

(No. of Openings)

the occupation of Roofer

(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 of age

Minimum Education: Applicants must have completed 10th grade. Applicants must furnish a record of secondary or post secondary schoolings & grades obtained upon request.

Physical Condition: Be physically able to perform the work required as determined by

The applicant will sign an affidavit stating that they are physically capable of performing work required of a Roofer; including working from ladders & scaffolds & in confined spaces and various heights

(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:

Applicants must have a valid NYS Drivers License as apprentices may be required to operate vehicles owned by the sponsoring employer(s).

Other:

The apprentice must have reliable transportation to and from various job sites, and to and from all classroom instruction programs.

Other:

Upon offer of employment, the applicant will be subject to an initial drug test and as a condition of continued enrollment in the apprenticeship program, be subject to random drug testing. (Initial drug testing and all subsequent random drug testing will be at the expense of the sponsor.)

Other: Applicants must be willing to travel within the designated NYS geographic region (Metro NY, Eastern NY, Central NY, Western NY) for the purpose of successfully completing on the job training through employment agencies.

Other:

Applicants must agree to attend related instruction provided in the NYS geographic region (Metro NY, Eastern NY, Central NY, Western NY) in full compliance with the sponsor's policies.

Application Forms May be Obtained From:

Dates:

From: TBA

To: TBA

Name: More Consulting Corp.

Days: TBA

Address:

Times: TBA

19 Old Dock Rd., Yaphank, NY 11980

Phone Number: (631) 924 - 1414

Email Address: _____

Special Instructions:

All applications must be completed in person at the designated location. Proof of age, U.S. citizen or a valid Federal work permit must be presented upon indenture.

All Applications Must be (please check) [X] Received [] Postmarked no Later Than: TBA

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Department of Labor

New York State Department of Labor

NYS DEPARTMENT OF LABOR

APPRENTICESHIP Sponsor Code _____

Trade Code(s) 15-194 _____

Selection Standards and Evaluations

Name of Candidate Apprentice Training Trade _____
 Address _____ City _____ State _____ Zip _____
 SEP 08 2016

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
Educational Achievement Central Office <input checked="" type="checkbox"/> 5 Points for Each Year of Educational Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> 5 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"/> 2 Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> Other _____		30			Total
Work Experience <input checked="" type="checkbox"/> 2 Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> 1 Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> 1 Points for Each Year of General Work Experience <input type="checkbox"/> Other _____		20			Total
Seniority <input checked="" type="checkbox"/> 3 Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> Other _____		15			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
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> 0-5 Ability to Communicate <input checked="" type="checkbox"/> 0-5 Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> 0-5 Ability to Reason and Comprehend <input checked="" type="checkbox"/> 0-5 Interest and Motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		20			Total

Total Allowable Points



85	Total Score →	
----	---------------	--

Rank _____

Evaluated by _____ Date TBA

Sponsor Name More Consulting Corp.

Sponsor Address 19 Old Dock Road, Yaphank, NY 11980