



**NEW YORK STATE
DEPARTMENT OF LABOR
APPRENTICE TRAINING PROGRAM TRANSMITTAL**

Sponsor Code: _____

ATP Code: 31-227

SPONSOR Specialty Silicone Products, Inc.				DISTRICT <i>Albany</i>	
NAME, LOCAL NO. AND ADDRESS OF UNION (If None, Write None) none					
TRADE / OCCUPATION Tool & Die Maker				REQUESTED DATE 07/07/2015	
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT	<input type="checkbox"/> JAC	INDENTURED BY		<input checked="" type="checkbox"/> STATE
<input type="checkbox"/> GROUP	<input checked="" type="checkbox"/> NON - JOINT	<input checked="" type="checkbox"/> NON - JAC	<input checked="" type="checkbox"/> EMPLOYER	<input type="checkbox"/> AGENT	<input type="checkbox"/> FEDERAL

**NEW PROGRAM (EXPLAIN "YES" ANSWERS
IN COMMENTS BELOW)**

Date A.A. Plan _____ / ____ / ____
and Program Copy to DEOD

(For Construction Trades Only)

	Yes	No		Yes	No		Yes	No
New Trade	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waiver of Ratio Requested	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Work Violations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other A.T. Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Process Change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Federal Wage and Hour Violations	<input type="checkbox"/>	<input checked="" type="checkbox"/>



New York State Department of Labor
 Apprentice Training Program Registration Agreement

New Program

REVISION _____
 nature of change _____
 New program

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STATE USE ONLY	
AT	
Sponsor No.	
ATP Code	3 1 - 2 2 7
Effective date of AT Program	

APPRENTICE TRAINING
 CENTRAL OFFICE

- Name of Sponsor Specialty Silicone Products Inc
- Mailing Address 3 McCrea Hill Road Ballston Spa, NY 12020 Saratogo
(Number & Street) (City) (State) (Zip Code) (County)
- Actual Address Same as Above
(Number & Street) (City) (State) (Zip Code) (County)
- Phone (518) 885-8826 Ext: _____ Fax (518) 885-4682
- Trade / Occupation Tool & Die Maker
- No. Employees 65 No. Apprentices 0 No. Journeyworkers 2 7. Ratio 1:1, 1:1
(Non-Standard)
- ISC Code _____ 9. DOT Code 6 0 1 - 2 6 0 - 0 1 0 10. Length of Program 4 8 Months
- Apprentice Probationary Period 12 months 12. Work Process: Standard _____ or Revised
- Minimum Journeyworker Rate \$18.00 per hr. 14. Effective Date of Wages 7/1/2015

15. Apprentice Wage Progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M _____	M _____	M _____	M _____	M _____	M _____	M _____	M _____	M _____	M _____
H <u>2000</u>	H <u>2000</u>	H <u>2000</u>	H <u>2000</u>	H _____					
<u>60%</u>	<u>70%</u>	<u>80%</u>	<u>90%</u>						

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

17. Paul Di Caprio 7/16/2015 18. _____ 1/1
 Signature of the Official Sponsor Representative Date Signature of the Union Representative Date
Paul Di Caprio, President _____
 Print Name and Title of Official Sponsor Representative Print Name, Title and Union Name
Paul Wright _____

19. _____ 1/1
 Signature of New York State Department of Labor Date



New York State Department of Labor

Sponsor Information Sheet

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: Specialty Silicone Products, Inc. Trade Name: TOOL + Die MAKER.
Name of Entity Completing Form: Specialty Silicone Products, Inc. FEIN No.
Mailing Address: 3 McCrea Hill Road, Ballston Spa, NY 12020 NYS Employer Registration (ER)
Fax No.: (518) 885-4682 Phone No.: (518) 885-8826 E-mail Address:
Type of Entity (Mark primary function): [X] Corporation [] Partnership [] Proprietorship [] Joint Venture [] LLC [] LLP [] Other
[] JATC [] Association [] Union [] 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? Since 1989, 26 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 [] No [X]
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 [] No [X]

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 [] No [X]
An indictment or pending indictment for any conduct constituting a crime under state or federal law? Yes [] No [X]
A grant of immunity for any conduct constituting a crime under state or federal law? Yes [] No [X]
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 [] No [X]
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 [] No [X]
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 [] No [X]
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 [] No [X]
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? Yes [] No [X]
If yes, was the violation determined to be willful? Yes [] No [X]
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)? Yes [] No [X]
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 [X]



NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

Trade TOOL + DIE MAKER		
Sponsor Name Specialty Silicone Products, Inc.		
Sponsor's Representative Kyle Wright		
Sponsor Address (No. & Street) 3 McCrea Hill Road		(City) Ballston Spa
(County) Saratogo	(State) NY	(Zip Code) 12020
Sponsor Telephone No. 518-885-8826		
Proposed Number of Apprentices 2		

AT Office Name and Address:

**NYS Dept of Labor
WA Harriman State Office Campus
Albany Field Office
Building 12, Rm 288
Albany NY 12240**

Apprentice Training Representative:



Date Prepared: **6/30/15.**

AT 8 (05/08)

RELATED INSTRUCTION IS NOT AVAILABLE

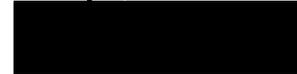
RELATED INSTRUCTION IS AVAILABLE AT:

Name of School: **Hudson Valley
Community College**

Address: **80 Vandenberg Ave
Troy NY 12180**

School Representative:

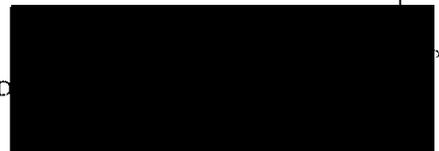
Tony Kossman



Name and Address of DLEA:

**Ted Hennessy
35 Colten Rd
Troy, NY 12180**

Signature of DLEA:



Date Prepared: **6/30/15**

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APPRENTICE TRAINING
CLERK 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.
- (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 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: _____

Paul D. Capra
The above signature must be the employer's Chief Executive Officer or the

Date

7/16/2015

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APPRENTICE TRAINING
CENTRAL OFFICE



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

Specialty Silicone Products Inc., located at
(Sponsor)
3 McCrea Hill Road, Ballston Spa NY 12020
(Address)

is presently accepting applications for an estimated _____ apprentice training positions in
(No. of openings)
the occupation of Tool + Die MAKER
(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: Must be a high school graduate w/ diploma or equivalency

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: Must be able to lift 50+ lbs

Must be able to stand for long periods of time

Other: Must have valid drivers license or reliable transportation to plant.

Other: Must pass Drug test upon offer of position at sponsor expense

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

Name: Specialty Silicone Products Inc Days: TBA

Address: 3 McCrea Hill Road Times: _____

Ballston Spa, NY 12020

Phone number: () _____ Email address: _____

Special instructions: _____

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APPRENTICE TRAINING

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

NAME OF CANDIDATE	TRADE Tool & Die Maker
ADDRESS	CITY STATE ZIP

ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

- 5 POINTS FOR EACH YEAR OF EDUCATION PAST GRADE 12 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 _____

	MAXIMUM POINTS ALLOWABLE	NUMBER OF YEARS CREDITED	SCORE
TOTAL	20		
	20		

WORK EXPERIENCE

- 5 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	20		
	20		

SENIORITY

- 6 POINTS FOR EACH YEAR OF EMPLOYMENT WITH THE SPONSORING FIRM
- OTHER _____

TOTAL	30		
	30		

JOB APTITUDE

- SATB (SPECIFIC APTITUDE TEST BATTERY) # _____
POINTS FOR HIGH _____ MEDIUM _____ LOW _____
- NAME OF ALTERNATIVE APTITUDE TEST _____
ADMINISTERED BY _____
- OTHER _____

TOTAL			

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

- 0-5 ABILITY TO COMMUNICATE
- 0-5 WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP
- 0-5 ABILITY TO REASON AND COMPREHEND
- 0-5 INTEREST AND MOTIVATION
- 0-10 OTHER Understand Company Culture
- OTHER _____

TOTAL	30		
	5		
	10		

TOTAL ALLOWABLE POINTS

→

100	TOTAL SCORE →
------------	---------------

RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME Specialty Silicone Products, Inc.

SPONSOR ADDRESS 3 McCrea Hill Rd Ballston Spa, NY 12020

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APPRENTICESHIP TRAINING OFFICE