EQUAL EMPLOYMENT OPPORTUNITY
IN APPRENTICESHIP TRAINING REGULATIONS
PART 600.12 - COMPLAINT PROCEDURE
EFFECTIVE AS AMENDED DECEMBER 19, 1986

(A) Filing

(1) Any apprentice or applicant for apprenticeship who believes that he or she had been discriminated against on the basis of race, color, religion, national origin, age, sex, disability, or marital status with regard to apprenticeship or that the equal opportunity standards with respect to his or her selection have not been followed in the operation of an apprenticeship program may, personally or through an authorized representative, file a complaint with the State Division of Human Rights, or at the apprentice’s or applicant’s election, with a private review body established pursuant to paragraph (3) of this subdivision. The complaint shall be in writing and shall be signed by the complainant. It must include the name, address and telephone number of the person allegedly discriminated against, the program sponsor involved, and a brief description of the circumstances of the failure to apply the equal opportunity standards provided for in this Part.

(2) The complaint must be filed not later than one year from the date of the alleged discrimination or specified failure to follow equal opportunity standards; and, in the case of complaints filed directly with review bodies designated by program sponsors to review such complaints, any referral of such complaint by the complainant to the State Division of Human Rights must occur within the time limitation stated above or 30 days from the final decision of such review body, whichever is later. The time may be extended by the State Division of Human Rights for good cause shown.

(3) Sponsors are encouraged to establish fair, speedy, and effective procedures for a review body to consider complaints of failure to follow the equal opportunity standards. A private review body established by the program sponsor for this purpose should number three or more responsible persons from the community serving in this capacity without compensation. Members of the review body should not be directly associated with the administration of an apprenticeship program. Sponsors may join together in establishing a review body to serve the needs of programs within the community.

(B) Processing of complaints

(1) When the sponsor has designated a review body for reviewing complaints, the State Division of Human Rights, unless the complainant has indicated otherwise or unless the State Division of Human Rights has determined that the review body will not effectively enforce the equal opportunity standards, shall upon receiving a complaint, refer it to the review body.

(2) The State Division of Human Rights, shall, within 30 days following the referral of a complaint to the review body, obtain reports from the complainant and the review body as to the disposition of the complaint. If the complaint has been satisfactorily adjusted and there is no other indication of failure to apply equal opportunity standards, the case shall be closed and the parties appropriately informed.

(3) When a complaint has not been resolved by the review body within 90 days or where, despite satisfactory resolution of the particular complaint by the review body, there is evidence that equal opportunity practices of the apprenticeship program are not in accordance with this Part, the Commissioner [New York State Department of Labor] may conduct such compliance review as found necessary, and shall take all necessary steps to resolve the complaint.

(4) Where no review body exists, the State Division of Human Rights may conduct such compliance review as found necessary in order to determine the facts of the complaint, and obtain such other information relating to compliance with these regulations as the circumstances warrant.

(5) Sponsors shall provide written notice of the above complaint procedure to all applicants for apprenticeship and all apprentices.
NOTICE

The Joint Apprentice Committee of the Educational and Training Fund of Laborers' Local #91 will be accepting applications for appointment into the Apprentice Program for Skilled Construction Craft Laborers.

A Skilled Construction Craft Laborer works in support of other skilled crafts in performing any combination of duties involving highway or building construction, environmental restoration, tunnel and shaft construction and demolition projects. They utilize specialized training and knowledge of craft skills and handling of hazardous materials. Hand and power tools are used throughout their duties including clearing and preparing sites, right-of-ways, and foundations for cementitious and asphaltic products and structures. Frequent transfer between these and related areas require workers with diverse experience and ability to work without close supervision.

Noting that Laborers must be competent in a wide variety of skills, both physical and mental, due to the nature of the construction industry, all applicants must meet certain minimum qualifications:

- Not less than 18 years of age. Proof of age is required.
- Physically able to perform the work of the trade. Signed declaration required.

**Minimum Qualifications:**

1. Lift, carry twenty-five (25) feet, and re-stack to a height of approximately fifty-four (54) inches, ten (10) ninety-four (94) pound sacks
2. Load with a shovel one-half (1/2) cubic yard of material into a wheelbarrow, wheel thirty (30) feet and deposit into a container
3. Work at heights of ten (10) feet or greater
4. Work in confined spaces

- A high school diploma or G.E.D. equivalent. Proof required.
- Reliable transportation to work sites and related instruction.
- Post-acceptance drug tests to be randomly administered.

Apprentices will be required to attend related instructional classes (minimum 144 hours/year), without pay, days and/or evenings.

**APPLICATIONS** will be ACCEPTED at 4500 Witmer Industrial Estates Niagara Falls, NY from 8am until 12pm (noon) on the first Tuesday of every month beginning on: Tuesday August 2, 2016 through Tuesday July 11, 2017. All applications must be filled out in person and on the premises.
MINIMUM QUALIFICATIONS

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I have read the above minimum job requirements and I affirm that I am physically able to perform these duties.

____________________________________
Print Name

____________________________________
Signature

____________________________________
Date
APPLICATION FOR APPRENTICESHIP

NAME ___________________________ Date ___________________________

LAST Name ________________________ First Name ________________________ Middle Name ________________________

PRESENT ADDRESS ____________________________

Street __________________ City ____________ State _____ Zip ______

PERMANENT ADDRESS ____________________________

Street __________________ City ____________ State _____ Zip ______

PHONE NO. ____________________________

Yes [ ] No [ ] If not, state your age ____________ If not, do you have the required working papers? Yes [ ] No [ ]

Are you a U.S. Citizen? Yes [ ] No [ ] If not, do you have a legal right to work in this country? Yes [ ] No [ ]

EMPLOYMENT DESIRED

POSITION ____________________________ DATE YOU CAN START ____________________________ SALARY REQUESTED ____________________________

ARE YOU EMPLOYED NOW? Yes [ ] No [ ] IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? __________

EVER APPLIED TO THIS COMPANY BEFORE? Yes [ ] No [ ] WHERE _______ WHEN _______

EDUCATION

NAME OF SCHOOL ____________________________ LOCATION OF SCHOOL ____________________________ NUMBER OF YEARS ATTENDED ____________ SUBJECTS STUDIED OR DEGREE(S) OBTAINED ____________

HIGH SCHOOL ____________________________ COLLEGE ____________________________ TRADE, BUSINESS OR CORRESPONDENCE SCHOOL ____________________________

U.S. MILITARY SERVICE ____________________________ RANK ____________________________

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

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"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, OR ARREST RECORD."

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I HEREBY GIVE AUTHORIZATION TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

HIRE

FOR DEPT.

POSITION

WILL REPORT

SALARY

WAGE

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

New York State Department of Labor