



**ASSEMBLY STANDING COMMITTEE ON LABOR  
ASSEMBLY COMMISSION ON SKILLS DEVELOPMENT AND CAREER EDUCATION**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Pre-Apprenticeship and Work Preparation Programs in New York State

**PURPOSE:** To learn about programs in New York State that help prepare workers for careers.

**Monday, May 23, 2016  
11:00 AM  
Hearing Room B  
Legislative Office Building  
198 State St  
Albany, New York 12210**

**ORAL TESTIMONY BY INVITATION ONLY**

The purpose of this hearing is to learn about work preparation programs in New York State that serve as an introduction to industries that give students and others a chance to see where their desires and aptitudes lie. To be a successful apprentice or employee, an applicant should be well prepared. In general, pre-apprenticeship and other preparation programs introduce students to the hard skills of the trade or industry as well as teach necessary soft skills, such as conflict resolution and time management. Many preparation programs or pre-apprenticeship training programs have developed over time, and they vary in terms of program design, duration, goals, and quality. The New York State Assembly Standing Committee on Labor and the Commission on Skills Development and Career Education would like to examine current programs to determine how to replicate and/or support successful efforts within New York State.

Persons invited to present pertinent testimony to the Committee and Commission at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee and Commission would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Michele Titus**

**Member of Assembly  
Chair  
Committee on Labor**

**Harry Bronson**

**Member of Assembly  
Chair  
Commission on Skills Development and  
Career Education**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the status of Apprenticeships in New York State are requested to complete this reply form as soon as possible but no later than Thursday, May 19, 2016 and mail, email, or fax it to:

Omar McGill  
Committee Assistant  
Assembly Committee on Labor  
Room 520 - Capitol  
Albany, New York 12248  
Email: mcgillo@assembly.state.ny.us  
Phone: (518) 455-4311  
Fax: (518) 455-7095

- I plan to attend the following public hearing on Pre-Apprenticeship and Work Preparation Programs in New York State to be conducted by the New York State Assembly Standing Committee on Labor and the Commission on Skills Development and Career Education on Monday, May 23, 2016.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

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- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** \_\_\_\_\_

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NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_