



SEIU UHW - WEST & JOINT EMPLOYER

EDUCATION FUND

### ACADEMIC SUPPORT WORKSHOP APPLICATION

To be eligible to apply for the Academic Support Program, you must meet the following criteria:

- 1) Work in a participating SEIU bargaining unit position for a contributing employer.
- 2) Be a regular full- or part-time employee eligible for benefits.
- 3) Have completed your initial probationary period.
- 4) Please send a copy of your drivers license and paystub.

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO WWW.SEIU-UHWEDUC.ORG

#### 1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER <b>XXX-XX-</b> _____	**EMPLOYEE ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APT #	HOME PHONE ( )	
CITY	STATE	ZIP CODE	WORK PHONE ( )	
BIRTHDATE _/_/___	SEX	RACIAL ETHNIC BACKGROUND (OPTIONAL) <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER _____	CELL PHONE ( )	
EMAIL ADDRESS			BEST TIME TO CALL	

#### 2. PROGRAM/COURSE INFORMATION

Los Angeles	Saturday August 28 10-3	LA-1730 West Olympic Blvd, Suite 200 LA, CA 90015
Los Angeles	Sunday September 12 10-3	LA-1730 West Olympic Blvd, Suite 200 LA, CA 90015
Los Angeles	Sunday November 21 10-3	LA-1730 West Olympic Blvd, Suite 200 LA, CA 90015

#### 3. EMPLOYMENT INFORMATION

EMPLOYER	FACILITY	DEPARTMENT
DATE OF HIRE ___/___/___	Hrs/Wk	JOB TITLE
BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGE	SUPERVISOR/MANAGER'S NAME
SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	SHIFT <input type="checkbox"/> NIGHTS <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS	SUPERVISOR'S E-MAIL
UNION REPRESENTATION (CHECK ONE) <input type="checkbox"/> NONE <input type="checkbox"/> SEIU UHW-WEST (FORMERLY LOCAL 250/399) <input type="checkbox"/> SEIU 1107 <input type="checkbox"/> SEIU 105 <input type="checkbox"/> SEIU 49 <input type="checkbox"/> SEIU 121RN <input type="checkbox"/> OTHER : _____	SUPERVISOR'S PHONE ( )	

#### 4. CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree that the Education Fund may share my name and contact information with my employer and the school or training institution in order to verify my eligibility and enrollment status. I understand that specific information related to my academic performance will not be shared with my employer.

APPLICANT'S SIGNATURE

APPLICATION DATE

**\*REQUIRED:** Only list the last 4 digits of your social security number

**\*\*REQUIRED:** Incomplete applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.

FAX your information no later than Thursday before the class to: Dan Bennington,

Fax: (213.739.0268)

(include cover sheet Attn: Dan Bennington

For more information, call 213.401.3019

- or - E-mail (dbennington@seiu-uhweduc.org)