

SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

NURSING ASSISTANT TRAINING

To be eligible to apply for the Nursing Assistant Training 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.

FOR MORE INFORMATION WWW.SEIU-UHWEDUC.ORG

1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER XXX-XX-_____		**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. COURSE INFORMATION

Nursing Assistant Training
12-Unit nursing assistant training through City College of San Francisco

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 6435 <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.*

Application Deadline

FAX, MAIL (U.S. mail only) or HAND DELIVER application no later than March 19, 2010 to:

LTC Program Coordinator

360 22nd Street, Suite 200, Oakland, CA 94612

Fax: **1-866-727-1982** (include cover sheet) Attn: Jason Toro

For more information, call **888.872.4606** -or- email jtoro@seiu-uhweduc.org