



SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

FREE CPR Courses in Los Angeles



Am I Eligible?

You must:

- ✓ Be a regular full-or part-time employee eligible for benefits.
- ✓ Work in a SEIU bargaining unit for which the employer makes an Education Fund contribution.
- ✓ Have completed your initial probationary period
- ✓ Be contacted by Education Fund Staff regarding your application.

The Education Fund is
offering
CPR recertification courses in
Los Angeles

Date: Friday June 25, 2010 or
Thursday July 29, 2010

Time: 9am-11am

Location: SEIU UHW Offices in Los Angeles

If you are interested in this course, please fill out the attached application and submit it to the fax number on the application by the deadline. Space is limited.

Due to eligibility & course capacity, application does not mean acceptance to course

Call 1.866.804.2250 for an application



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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. PROGRAM/COURSE INFORMATION

- CPR recertification, Friday, June 25, 2010 *Deadline for application: Friday June 18th*
or
- CPR recertification, Thursday, July 29, 2010 *Deadline for application: Friday July 23rd*
 Both courses are being held at the SEIU UHW Los Angeles Offices

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"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS	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 to: 866-824-9530 ATTN: PROFESSIONAL DEVELOPMENT

For more information, call 866-804-2250 (ask for Kelly)

Application submission does not mean acceptance to course. Our staff will contact you to let you know if you are eligible and there is space in the class for you to attend. If it is a week before your course and you have not heard from our staff, contact us at the number above.

Walk-in's are not allowed and will be turned away at the door.