



SEIU UHW - WEST & JOINT EMPLOYER  
EDUCATION FUND

# Career Workshops-Colorado Fall 2010 & Spring 2011

## WORKSHOP DESCRIPTIONS

All workshops are two hours.  
Refreshments will be served.

### **Job Search Strategies**

**Thursday, December 9, 2010, 5:30pm-7:30pm, and  
Thursday, April 14, 2011, 5:30pm-7:30pm**

Build the confidence you need to present yourself to prospective employers. Practice proven interview and resume-writing techniques.

### **How to Pay for School**

**Monday, January 10, 2011, 5:30pm-7:30pm**

Learn the financial resources available from your employer, the Education Fund, your union, Federal and State Student Aid, and private scholarships. Find out where to get information and how to apply. Review money management tips to help make ends meet while in school.

### **Exploring Your Career Path**

**Thursday, February 10, 2011, 5:30pm-7:30pm**

Which job is the best match for your skills, interests, values and lifestyle? Learn about yourself, healthcare jobs in high demand and the steps to making a career change. This workshop will help you make a plan to reach your goal.

### **Nursing School: What Everyone Should Know**

**Monday, March 14, 2011, 5:30pm-7:30pm**

Learn the necessary steps for preparing and applying to nursing programs. Whether you are interested in an RN, LVN-RN, or BSN program, find out what you need to do to improve your chances of being accepted into an accredited school.



## WORKSHOP APPLICATION

Complete the form on the back of this page and  
fax to: **1-877-433-0613**

For more information about the Career Workshops  
or other Education Fund programs and services call  
toll free:

**1-888-TRAIN06 (1-888-872-4606), or  
303-722-0796**

Or visit us on the web:  
**WWW.SEIU-UHWEDUC.ORG**



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### COLORADO CAREER WORKSHOPS FALL 2010 & SPRING 2011

SPACE IS LIMITED. APPLICATION DOES NOT GUARANTEE ACCEPTANCE.  
ELIGIBLE APPLICANTS ARE ACCEPTED ON A FIRST COME-FIRST SERVED BASIS.

To be eligible to apply for Career Workshops you must meet the following criteria:

- 1) Work in a participating SEIU bargaining unit position for Kaiser Permanente
- 2) Have completed your initial probationary period.

#### 1. GENERAL INFORMATION

|   |  |                      |        |  |                   |             |
|---|--|----------------------|--------|--|-------------------|-------------|
| *SOCIAL SECURITY NUMBER<br>XXX-____-_____ |  | **EMPLOYEE ID NUMBER |        | LAST NAME  | FIRST NAME        | MIDDLE NAME |
| Applicant's Address and Telephone Number: |  |                      |        |  | HOME PHONE<br>( ) |             |
| STREET ADDRESS                            |  |                      |        | APT #  | WORK PHONE<br>( ) |             |
| CITY                                      |  | STATE                |        | ZIP CODE   | CELL PHONE<br>( ) |             |
| EMAIL ADDRESS                             |  | BIRTHDATE            | GENDER | <b>RACIAL ETHNIC BACKGROUND (OPTIONAL):</b><br><input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT<br><input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO<br><input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER _____ |                   |             |

#### 2. COURSE INFORMATION (check course)

| CAREER WORKSHOP  | DATE/TIME   | LOCATION   |
|--|---|--|
| JOB SEARCH STRATEGIES  | <input type="checkbox"/> 12/9/10, 5:30PM -7:30 PM | KAISER-DENVER EAST MEDICAL OFFICES<br>10400 E. ALAMEDA AVENUE, DENVER, CO 80231<br>[ HARVEY HOWE CONFERENCE ROOM ]               |
|  | <input type="checkbox"/> 4/14/11, 5:30PM -7:30PM  | KAISER-WATER PARK I MEDICAL OFFICES<br>2500 SOUTH HAVANA STREET, AURORA, CO 80014<br>[ROOM 212, 2 <sup>ND</sup> FLOOR]           |
| HOW TO PAY FOR SCHOOL: Financial Aid, Employer Resources, and Money Management | <input type="checkbox"/> 1/10/11, 5:30PM -7:30PM  | KAISER-LAKEWOOD MEDICAL OFFICES<br>8383 WEST ALAMEDA AVENUE, DENVER, CO 80226<br>[ REDWOOD ROOM, BASEMENT ]                      |
| EXPLORING YOUR CAREER PATH   | <input type="checkbox"/> 2/10/11, 5:30PM -7:30 PM | KAISER-PARKER MEDICAL OFFICES<br>10168 PARKGLENN WAY, PARKER, CO 80138<br>[ MOUNTAIN VIEW CONFERENCE ROOM ]                      |
| NURSING SCHOOL: WHAT EVERYONE SHOULD KNOW                                      | <input type="checkbox"/> 3/14/11, 5:30PM -7:30PM  | KAISER-SKYLINE MEDICAL OFFICES<br>1375 E. 20 <sup>TH</sup> AVENUE, DENVER, CO 80205<br>[ 3 <sup>RD</sup> FLOOR CONFERENCE ROOM ] |

#### 3. JOB INFORMATION (all fields must be completed for your application to be reviewed)

|  |          |   |
|--|----------|---|
| CURRENT EMPLOYER**   | FACILITY | DEPARTMENT  |
| JOB CLASSIFICATION: **LIST JOB TITLE: _____  |          | **DATE OF HIRE ____/____/____ WAGE _____  |
| **UNION REPRESENTATION: <input type="checkbox"/> SEIU LOCAL 105 <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____    |          | **HAVE YOU COMPLETED YOUR INITIAL PROBATIONARY PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ** <input type="checkbox"/> FULL TIME ____HR/WK <input type="checkbox"/> PART TIME ____HR/WK <input type="checkbox"/> PER DIEM/ON CALL |          | **BENEFITTED OR BENEFIT ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO                      |

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.

APPLICANT'S SIGNATURE:

APPLICATION DATE:

\*REQUIRED: The last 6 digits of your social security number are required to apply for this course.

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

FAX APPLICATION TO: 1-877-433-0613, Attn: CAREER WORKSHOPS  
PLEASE USE THE FAX NUMBER ABOVE TO ENSURE THAT YOUR FAX IS RECEIVED IN A TIMELY MANNER

For more information call: 303-722-0796 or 1-888-872-4606 x 247 TOLL FREE