



SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

Spring 2010 Career Workshops

WORKSHOP DESCRIPTIONS

All Workshops are two hours long. Refreshments will be served.

Exploring Your Career Path: 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. Make a plan to reach your goal.

Moving Up in Allied Health

Learn how to get started on a variety of career paths in Nursing and Allied Health and the common prerequisite courses you need to succeed.

Nursing School: What Everyone Should Know

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

How to Pay for School: 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.

Successful Job Transition Strategies: Build the confidence you need to present yourself to prospective employers. Practice proven interview and resume-writing techniques.



WORKSHOP APPLICATION

Complete the form on the back of this page and submit to:

Education Fund

Attn: Career Counseling Workshops

360 22nd Street, Suite 200

Oakland, CA 94612

-or-

Fax: 1-877-433-0613

-or-

Apply Online at: seiu-uhweduc.org

For more info about Career Workshops or other Education Fund programs and services, call the number below or visit us on the web
702.547.6400
WWW.SEIU-UHWEDUC.ORG



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LAS VEGAS CAREER WORKSHOPS 2010

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 a contributing employer.
- 2) Have completed your initial probationary period.

1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER XXX-XX- _____	**EMPLOYEE ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
Applicant's Address and Telephone Number:			HOME PHONE ()	
STREET ADDRESS		APT #	WORK PHONE ()	
CITY	STATE	ZIP CODE	CELL PHONE ()	
EMAIL ADDRESS	BIRTHDATE	GENDER	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	

2. COURSE INFORMATION (check course and location)

WORKSHOP	DATE/TIME	LOCATION
EXPLORING YOUR CAREER PATH	<input type="checkbox"/> 1/20/10 6:00P-8:00P	SEIU LOCAL 1107 3785 E. SUNSET ROAD
MOVING UP IN ALLIED HEALTH	<input type="checkbox"/> 2/23/10 6:00P-8:00P	SEIU LOCAL 1107 3785 E. SUNSET ROAD
NURSING SCHOOL: WHAT EVERYONE SHOULD KNOW	<input type="checkbox"/> 3/16/10 6:00P-8:00P	SEIU LOCAL 1107 3785 E. SUNSET ROAD.
HOW TO PAY FOR SCHOOL	<input type="checkbox"/> 4/21/10 6:00P-8:00P	SEIU LOCAL 1107 3785 E. SUNSET ROAD
SUCCESSFUL JOB TRANSITION STRATEGIES	<input type="checkbox"/> 5/18/10 6:00P-8:00P	SEIU LOCAL 1107 3785 E. SUNSET ROAD.

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"/> SEIU 1107 <input type="checkbox"/> OTHER : _____	<input type="checkbox"/> NONE	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:** The last 4 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, Attention JEAN FUJIKAWA

PLEASE USE THE FAX NUMBER ABOVE TO ENSURE THAT YOUR FAX IS RECEIVED IN A TIMELY MANNER

For more information call 702.547.6400