

MATH BOOT CAMP • (SPRING 2010)

To be eligible to apply for the (Math Boot Camp) 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 driver's license and paystub.

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO 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. PROGRAM/COURSE INFORMATION

SCHOOL YOU ARE INTERESTED IN ATTENDING IN THE FALL (CHECK ONE)

- ELAC LA HARBOR
 ORANGE COAST COLLEGE (OCC)

Los Angeles	T/TH 7-9:30 March 23, 25, 30 & April 1 Sat 9-12pm March 27 & April 3	LA-1730 West Olympic Blvd, Suite 200 LA, CA 90015 SEIU UHW West & Joint Employer Education Fund Office
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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 March 21, 2010 to: Dan Bennington, (Math Boot Camp)

Fax: (213.739.0268)

(include cover sheet Attn: Dan Bennington

For more information, call 213.401.3019

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