



SEIU UHW - WEST &amp; JOINT EMPLOYER

EDUCATION FUND

**ACADEMIC SUCCESS WORKSHOP APPLICATION • SPRING 2010****To be eligible to apply, 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) Provide the last four digits of your social security number and employer identification number. *Other course specific criteria may apply.*

**FOR MORE INFORMATION OR TO APPLY ONLINE GO TO [WWW.SEIU-UHWEDUC.ORG](http://WWW.SEIU-UHWEDUC.ORG)****1. GENERAL INFORMATION**

*SOCIAL SECURITY NUMBER <b>XXX-XX-_____</b>	**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 (Check One)**

NORTHERN CALIFORNIA				SOUTHERN CALIFORNIA			
Oakland	Sat Jan. 9 10a-3p	Education Fund Office 360 22 <sup>nd</sup> St., 2 <sup>nd</sup> Floor	<input type="checkbox"/>	Los Angeles	Sun Jan. 10 10a-3p	Education Fund Office 1730 West Olympic Blvd., Suite 200	<input type="checkbox"/>
San Jose	Sat Jan 16 10a-3p	Education Fund Office 1150 South Bascom Ave. Suite 9	<input type="checkbox"/>	Los Angeles	Sun March 7 10a-3p	Education Fund Office 1730 West Olympic Blvd., Suite 200	<input type="checkbox"/>
Sacramento	Sun Jan. 17 10a-3p	Education Fund Office 2000 O Street Suite 240	<input type="checkbox"/>	Los Angeles	Sun May 16 10a-3p	Education Fund Office 1730 West Olympic Blvd., Suite 200	<input type="checkbox"/>

**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.***For Northern California Fax Application at least one week before workshop to 510.250.8392 Attn: Academic Support**

Please use the fax number above to ensure that your application is received in a timely manner

**For more information call 415.734.6423****For Southern California Fax Application at least one week before workshop to 866.824.9530 Attn: Academic Support**

Please use the fax number above to ensure that your application is received in a timely manner

**For more information call 213.401.3019**