



SEIU UHW - WEST & JOINT EMPLOYER

EDUCATION FUND

California Career Workshops Spring 2011

WORKSHOP DESCRIPTIONS

All workshops are two hours. Refreshments will be served.

Career Panel: Hear how panelists successfully transitioned into higher-paying jobs, the steps in their career transition process, the resources they used, and what they have experienced in their new jobs.

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

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. This workshop will help you make a plan to reach your goal.

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.

Nursing School: What Everyone Should Know

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.

NEW Moving Up in Allied Health

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



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 visit us on the web:

WWW.SEIU-UHWEDUC.ORG



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

1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER XXX- -	**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)

LOCATION	OAKLAND	FRESNO	SAN JOSE	SACRAMENTO	LOS ANGELES
HOW TO PAY FOR SCHOOL: Financial Aid, Employer Resources, and Money Management	<input type="checkbox"/> 2/5/11, 9:00A-11:00A	<input type="checkbox"/> 1/26/11, 12NOON-2:00P	N/A	N/A	<input type="checkbox"/> 5/4/11, 6:00P-8:00P
EXPLORING YOUR CAREER PATH	<input type="checkbox"/> 4/14/11, 5:30P-7:30P	N/A	N/A	N/A	<input type="checkbox"/> 2/15/11, 6:00P-8:00P
CAREER PANEL	<input type="checkbox"/> 6/16/11, 5:30P-7:30P	N/A	N/A	N/A	<input type="checkbox"/> 6/2/11, 6:00P-8:00P
JOB SEARCH STRATEGIES	<input type="checkbox"/> 3/22/11, 5:30P-7:30P	N/A	<input type="checkbox"/> 4/6/11, 5:30P-7:30P	<input type="checkbox"/> 3/23/11, 6:00P-8:00P	<input type="checkbox"/> 7/14/11, 6:00P-8:00P
NURSING SCHOOL: WHAT EVERYONE SHOULD KNOW	<input type="checkbox"/> 3/15/11, 5:30P-7:30P	N/A	N/A	N/A	<input type="checkbox"/> 3/16/11, 6:00P-8:00P
(NEW) MOVING UP IN ALLIED HEALTH	<input type="checkbox"/> 1/11/11, 5:30P-7:30P	<input type="checkbox"/> 3/3/11, 12NOON-2:00P	<input type="checkbox"/> 2/10/11, 5:30P-7:30P	<input type="checkbox"/> 1/11/11, 6:00P-8:00P	<input type="checkbox"/> 4/14/11, 6:00P-8:00P

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

CURRENT EMPLOYER**	FACILITY	DEPARTMENT
JOB CLASSIFICATION **LIST JOB TITLE: _____ **UNION REPRESENTATION: LIST UNION/LOCAL _____		**DATE OF HIRE / / WAGE _____ **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: 1-888-872-4606 TOLL FREE