



SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

Career Workshops – Fresno Spring 2011

WORKSHOP DESCRIPTIONS

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

HOW TO PAY FOR SCHOOL

Wednesday, January 26, 2011, 12:00noon-2:00pm

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.

NEW MOVING UP IN ALLIED HEALTH

Thursday, March 3, 2011, 12:00noon-2:00pm

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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EDUCATION FUND

FRESNO 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)

CAREER WORKSHOP	DATE/TIME	LOCATION
HOW TO PAY FOR SCHOOL	<input type="checkbox"/> WED 1/26/2011, 12:00NOON-2:00PM	KAISER-FRESNO 7300 N. FRESNO STREET FRESNO, CA 93270
(NEW) MOVING UP IN ALLIED HEALTH	<input type="checkbox"/> THURS 3/3/2011, 12:00NOON-2:00PM	

3. EMPLOYMENT INFORMATION

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 x 247