



**DIGITAL IMAGING SEMINAR APPLICATION 2010**

To be eligible to apply for a DIGITAL IMAGING SEMINAR, you must meet the following criteria:

- \* Work in a participating SEIU bargaining unit position for a contributing employer.
- \* Be a regular full- or part-time employee eligible for benefits.
- \* Have completed your initial probationary period.
- \* (Other program requirements as needed).

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO WWW.SEIU-UHWEDUC.ORG

<b>1. GENERAL INFORMATION</b>				
*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	
<b>2. Seminar Date:</b>				
<b>DIGITAL IMAGING 2-DAY SEMINAR</b>			<b>For your application to be considered,          you must provide:</b>  <input checked="" type="checkbox"/> Completed Program Application <input checked="" type="checkbox"/> Copy of a recent pay stub <input checked="" type="checkbox"/> Copy of your drivers license	
Dates:	<u>Friday, April 9, 8:00am to 4:00pm</u> (please note 8:00am start date on the first day only) <u>Friday, April 16, 9:00am to 5:00pm</u>			
Location:	Education Fund Oakland Office 360 22nd Street, 2nd Floor Oakland, CA 94612			
<b>3. EMPLOYMENT INFORMATION</b>				
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)    NONE SEIU UHW-WEST (FORMERLY LOCAL 250/399)   SEIU 1107 SEIU 105   SEIU 49   SEIU 121RN   OTHER : _____		SUPERVISOR'S PHONE ( )		
<b>4. CERTIFICATION</b>				
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, MAIL (U.S. mail only) or HAND DELIVER application to:**  
 SEIU UHW-West Joint Employer Education fund

360 22<sup>nd</sup> Street, Suite 200

Oakland, CA 94612

Fax: 1.877.433.0613

(include cover sheet) Attn: Robin Raveneau

For more information, call 888.872.4606 / 510.250.6868

rraveneau@seiu-uhweduc.org