



SEIU UHW-WEST & JOINT EMPLOYER

EDUCATION FUND

### TEAS PREP APPLICATION • (SPRING 2010)

To be eligible to apply for the TEAS prep class, 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) Be planning to take the TEAS exam within the next six months.

**FOR MORE INFORMATION OR TO APPLY ONLINE, GO TO 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

**Sacramento— Education Fund office—2000 O Street, Suite #240**

**Saturday, March 6, 2010 (10 am to 3 pm)**

**Saturday, March 13, 2010 (10 am to 3 pm)**

**Saturday, March 20, 2010 (10 am to 3 pm)**

**Saturday, March 27, 2010 (10 am to 3 pm)**

#### 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, MAIL (U.S. mail only) or HAND DELIVER application no later than February 26, 2010 to:**

**Education Fund**  
 Lai-San Seto  
 360 22<sup>nd</sup> Street, Suite #200  
 Oakland, CA 94612  
 Fax: 510-250-8392 (include cover sheet Attn: Lai-San Seto)

For more information, call **415.734.6423** -or- e-mail [lsseto@seiu-uhweduc.org](mailto:lsseto@seiu-uhweduc.org)