



SEIU HEALTHCARE 1199NW MULTI-EMPLOYER TRAINING & EDUCATION FUND

Training Fund Application

Please Print

Today's Date:

Application Information			
First Name:		Last Name:	
Email:		Date of Birth:	Soc Sec #:
Address:		City:	State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Country of Birth:	If not born in US, how many years living in US?
Ethnicity: <input type="checkbox"/> Asian-American <input type="checkbox"/> American-Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Home #:	Work #:
<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African-American		Cell #:	
Emergency Contact:		Emergency Contact #:	

Employment Information			
Employer:		Location:	
Employee ID:	Job Title:		Department:
Bargaining Unit: <input type="checkbox"/> SERVICE <input type="checkbox"/> LPN <input type="checkbox"/> PRO/TECH <input type="checkbox"/> RN			
FTE:	Hire Date:		Years in Current Position:
Are you a Per Diem employee? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you an Agency employee? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Educational Interests	
What services are you interested in receiving? (Please select all that apply)	
<input type="checkbox"/> Career Planning/Academic Counseling	<input type="checkbox"/> College Readiness (Please specify by clicking below)
<input type="checkbox"/> CEU Reimbursement	<input type="checkbox"/> BOOST (ESL/Basic Computer; Time Management Skills, Career Exploration)
<input type="checkbox"/> Tuition Assistance	<input type="checkbox"/> RISE UP (Math & English Preparation for College Placement Exams, i.e. COMPASS)
<input type="checkbox"/> Tutorial Services	<input type="checkbox"/> Test Taking Workshops (i.e. TEAS, COMPASS, etc.)
<input type="checkbox"/> Other, Please describe your specific interest/needs below:	

Disclaimer & Signature	
I understand that any incomplete information on this application may result in a delay of processing. Typical application processing may take up to three weeks.	
Signature	Date:

Please fax your completed form to: Training Fund at (425) 255-0347 or, you may email it to: members@HealthCareerFund.org