



1199SEIU Training and Employment Funds

General Enrollment Form (GEF)

All questions with an asterisk (*) are required; Do Not Leave Blank.

TEF Department: _____ Today's date: ____/____/____
Month Day Year

Section I: Personal Information

*1 Birth date: ____/____/____
Month Day Year

*2 First name: _____ Middle: _____ Last: _____

3. Have you participated in Training and Employment Funds programs in the past? Yes No

4. Social Security Number: -- (Last four digits)

Note: Certain TEF programs will require the member to provide the complete Social Security Number.

*5. Street address: _____ Apt./Floor: _____

*City: _____ *State: _____ *Zip code: _____

6. Home phone: _____ 7. *Cell: _____

* I authorize 1199SEIU Training and Employment Funds to send text messages to my cell phone. I understand that standard message and data rates may apply

*8. E-mail: _____

*9. Marital status:

Married Divorced Widowed Separated Single Domestic partnership

10. Number of dependents: _____

*11. Gender:

- Woman
- Man
- Transgender
 - Man
 - Woman
- Non-Binary or Other Gender
- Prefer not to say

*12. Country of birth: _____

12a. If born outside the United States, what **year** did you **enter** the U.S.? _____

*13. Do you speak a language **other than English?** Yes No (If no, please go to 14, else complete 13a through 13d)

13a. Is English your first language? Yes No

13b. If you answered **No**, what is your first language? _____

13c. Do you consider yourself bilingual? Yes No

13d. If **Yes**, what are the two languages you speak? _____

*14. Ethnicity: (check one box)

American Indian/Alaskan Native

Asian

Black or African-American (Non-Hispanic)

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White (Non-Hispanic)

Section II: Employment Information

*15. Union affiliation:

1199SEIU member Not a union member

Other Union affiliation (specify): _____

*16a. Per Diem: Yes No

*16b. Job status: Permanent Temporary Laid-off Retired (check one box)

*16c. Job schedule: Full-time Part-time (check one box)

*17. Current employer name: *(If laid-off or retired, please enter former employer name.)*

(Do not abbreviate)

18. Employer address: _____

City: _____ State: _____ Zip code: _____

*19. Department: _____ *20. Job title: _____

21. Work phone: _____ *22. Date of hire: _____ / _____ / _____
Month Day Year

*23. Average number of hours worked per week: _____

*24. Rate of pay: \$ _____ Hourly Yearly (choose one)

25. Have you been with your current employer for less than one year? Yes No

25a. If **Yes**, previous employer: _____

(Do not abbreviate)

25b. Employment with previous employer: Began ____/____/____ Ended ____/____/____
Month Day Year Month Day Year

Section III: Education History

26. Where did you complete your **highest level** of education?

U.S. Non-U.S. Country: _____

27. What is the **highest level** of education you have completed?

- Elementary School (5th Grade)
- Middle School (8th Grade)
- High School (High School Diploma or GED)
- Spanish GED
- Post-Secondary Certificate
(Certificate Program - Vocational or Occupational, LPN, CNA, CASAC, Other)
- Some College, Non-Completion
- Associate's degree
- Bachelor's degree
- Post-Bachelor/Graduate Certificate
- Master's Degree
- Professional Degree
(Pharmacy Doctor, Psychology Doctor, Doctor of Medicine, Doctor in Education)
- Doctoral Degree (Doctor of Philosophy - Ph.D.)

28. Do you have any foreign credentials? Yes No

28a. If **Yes**, please list credentials _____

28b. Have they been evaluated Yes No

28c. If **Yes**, what is the U.S. equivalent? _____

29. List any health-related training, certifications or licensures that you have **in the U.S.**:

Degree/Certificate Type: _____ School: _____

Cert./Lic. #: _____ Exp. date: ____/____/____
Month Day Year

Degree/Certificate Type: _____ School: _____

Cert./Lic. #: _____ Exp. date: ____/____/____
Month Day Year

Section IV: Training and Academic Requirements

30. Application Objective (*Preferred program/service/benefit*):

- Certification/Licensure prep
- Citizenship
- College preparation
- Computer skills
- English as a second language
- HC4/Pre-requisites for entry to college
- High school completion
- Occupational/professional skills enhancement
- Tuition assistance (certificate & degree programs; CEUs)

31. Preferred location for training:

- | | | | |
|------------------------------------|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Bronx | <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Hicksville |
| <input type="checkbox"/> Manhattan | <input type="checkbox"/> Staten Island | <input type="checkbox"/> White Plains | <input type="checkbox"/> New Jersey |

32. Preferred time for training:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Evening |
|----------------------------------|----------------------------------|

ALL PARTICIPANTS – PLEASE READ, SIGN AND DATE BELOW:

I hereby attest that the information given above is correct to the best of my knowledge. I also authorize the 1199SEIU Training and Employment Funds (TEF) to verify the above information. I understand that 1199SEIU TEF reserves the right to deny me eligibility if I present materially false information on this enrollment form. If selected for a program, I agree to abide by the regulations set forth by the 1199SEIU TEF and the institution where I am placed. I also authorize the 1199SEIU TEF to release all identifiable information to appropriate funding sources.

For TEF College Programs and Tuition Assistance Benefits ONLY: I agree to repay the 1199SEIU TEF for any tuition and fees paid to the college on my behalf, for courses in which I receive a grade below a C+ for undergraduate programs, or below a “B” for graduate programs, or for an non-credit bearing grade.

Print full name: _____

Signature: **X** _____ Date: ___/___/___
Month Day Year