



# 1199SEIU Training and Employment Funds

## General Enrollment Form (GEF)

UPSTATE REGION

Date: \_\_\_\_\_

### Section I: Personal Information

\*1. Birth date: \_\_\_\_\_

\*2. First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

\*4. Social Security Number:    -   -

**TEF programs require the complete Social Security Number.**

\*5. Street address: \_\_\_\_\_ Apt./Floor: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*6. Home phone: \_\_\_\_\_ 7. Cell: \_\_\_\_\_

☐ **I authorize the Training Fund 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. Gender: ☐ Woman ☐ Man ☐ Transgender Man ☐ Transgender Woman ☐ Non-Binary and/or gender non-conforming ☐ Prefer not to say ☐ Other

\*11. Country of birth: \_\_\_\_\_

11a. If born outside the United States, what year did you enter the U.S.? \_\_\_\_\_

\*12. Do you speak a language **other than English?** ☐ Yes ☐ No (If No, please go to question 13. If Yes, please answer 12a -12d.)

12a. Is English your first language? ☐ Yes ☐ No

12b. If you answered No, what is your first language? \_\_\_\_\_

12c. Do you consider yourself bilingual? ☐ Yes ☐ No

12d. If Yes, what are the two languages that you speak? \_\_\_\_\_

\*13. Ethnicity: (check one box)

*Per categories provided by the Federal Office of Management and Budget (OMB)*

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African- American (Non-Hispanic)

☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White (Non-Hispanic)

☐ Other

**Section II: Employment Information** (check appropriate boxes)

\*14. Union affiliation: ☐ 1199SEIU member ☐ Not a union member ☐ Other union affiliation  
(specify other union affiliation): \_\_\_\_\_

\*15a. Per Diem: Yes No

\*15b. Job status: Permanent Temporary

\*15c. Job schedule: Full-time Part-time

\*16. Current employer name \_\_\_\_\_

\*17. Department \_\_\_\_\_ \*18. Job Title \_\_\_\_\_

\*19. Work Phone \_\_\_\_\_ \*20 Date of hire: \_\_\_\_\_

\*21. Average number of hours worked per week: \_\_\_\_\_ \*22. Rate of pay: \$ \_\_\_\_\_ ☐ Hourly ☐ Yearly  
(choose one)

\*23. Have you been with your current employer for less than one year? Yes No

**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 Tuition Assistance Members 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 (including a C-), or any other non-credit-bearing grade, for undergraduate level programs or a B (including B-) for graduate level programs.

I attest that I am fully vaccinated (fully up-to-date) COVID-19 in accordance with the guidance posted on the United States Centers for Disease Control (CDC) website. In addition, I have satisfied the vaccination requirements of the site of the 1199SEIU Training and Employment Funds program (the “program site”) in which I am participating. I am able to produce proof of full vaccination that satisfies both the (1) CDC Guidance and (2) the program site upon request.

I certify that this statement about my vaccination status and my ability to provide documentation proving such status is true and accurate. I also understand that my failure to comply with the vaccination requirements or produce documentation demonstrating compliance may prevent me from participating in the TEF program for which I am registering and the forfeit of the related benefit.

Print full name: \_\_\_\_\_

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_