eData Staff Maintenance Intake/Exit

Prefix*First Name			/liddle Initial	*Last Name			
Suffix							
*Staff Type	Fully Division Fu	ınded F	Partially Division Fun	ded Othe	r Funded	None	
*Volunteer	Yes No	*En	nployment Status	Full time	Part time		
*Date of Birth	(mm/dd/yyyy)						
*Ethnicity							
*1. Are you His	panic/Latino?	Yes No	*2. Wha	nt is your race? (If applicable choo	se one or more	
			Ame	erican Indian or <i>i</i>	Alaskan Native		
			=	k or African Ame			
				te (not Hispanic			
			∐ Asia □ Nati	n ve Hawaiian or o	other Pacific Isl	ander	
					2		
Sex M	lale Female						
/hat are your pronouns? (Optional)			What is your gender identity? (Optional)				
she/her/hers			☐ man ☐ woman				
he/him/his they/their/th	eirs		=	nan sgender			
				binary			
			geno	der non-conform	ing		
			not	listed:			
*Address 1							
Address 2							
*City			_*State*	*Zip Code		'ip+4	
*County							
Email address _							
Home Phone _			Call Hor	ne Yes	No		
Cell Phone			Call Cell	Yes	No		
Work Phone		Extension _	Call Wo	rk Yes	No		

Certification (select all that apply) Adult Education K-12 Special Other			Education TESOL	☐ No Certification
*Years of Experience in Ad	ult Education	n (select one)		
Less than 1 year	1 to 3 years		More than 3 years	
*Adult Education Start Dat	e (mm/dd/y	ууу)		
*Education Level No Diploma Secondary School Diploma/Equivalent Some College Courses	School Asso Bac Mas	hnical/Business Certificate ociate's Degree helor's Degree ster's Degree toral Degree	*Primary Position Administrator Adult Educator Adult Education Paraprofessional Case Manager Coordinator	Counselor Data Entry/Clerical Early Childhood Educator Early Childhood Paraprofessional Parent Educator
*Status	Inactive	Completed		
*Start Date for this Agency	(mm/dd/yy	/y)	Program Exit Date (mm,	/dd/yyyy)