eData Staff Maintenance Intake/Exit

Prefix_____ ***First Name**_____Middle Initial_____ ***Last Name** _____

Suffix_____

*Staff Type   ◯ Fully Division-Funded   ◯ Partially Division-Funded   ◯ Other Funded   ◯ None

*Volunteer   ◯ Yes ◯ No   ***Employment Status**   ◯ Full-time   ◯ Part-time

*Date of Birth (mm/dd/yyyy) _____

*Ethnicity

*1. Are you Hispanic/Latino?   ◯ Yes   ◯ No   ***2. What is your race? (If applicable choose one or more)**

☐ American Indian or Alaskan Native
☐ Black or African American
☐ White (not Hispanic)
☐ Asian
☐ Native Hawaiian or other Pacific Islander

*Sex   ◯ Male ◯ Female

What are your pronouns? (Optional)   What is your gender identity? (Optional)

☐ She/her/hers   ☐ Man
☐ He/him/his   ☐ Woman
☐ They/their/theirs   ☐ Transgender
☐ Not listed: _____   ☐ Non binary
                                                ☐ Gender non-conforming
                                                ☐ Not listed: _____

*Address 1 _____

Address 2 _____

*City_____ ***State**_____ ***Zip Code**_____ Zip+4 _____

*County _____

Email address _____

Home Phone _____   Call Home   ◯ Yes   ◯ No

Cell Phone _____   Call Cell   ◯ Yes   ◯ No

Work Phone_____Extension _____   Call Work   ◯ Yes   ◯ No

*Certification (select all that apply)
☐ Adult Education ☐ K-12 ☐ Special Education ☐ TESOL ☐ No Certification
☐ Other _____

*Years of Experience in Adult Education (select one)

◯ Less than 1 year ◯ 1 to 3 years ◯ More than 3 years

*Adult Education Start Date (mm/dd/yyyy) _____

*Education Level	◯ Technical/Business	***Primary Position**	◯ Counselor
◯ No Diploma	School Certificate	◯ Administrator	◯ Data Entry/Clerical
◯ Secondary School	◯ Associate's Degree	◯ Adult Educator	◯ Early Childhood
Diploma/Equivalent	◯ Bachelor's Degree	◯ Adult Education	Educator
◯ Some College Courses	◯ Master's Degree	Paraprofessional	◯ Early Childhood
	◯ Doctoral Degree	◯ Case Manager	Paraprofessional
		◯ Coordinator	◯ Parent Educator

*Status ☐ Active ☐ Inactive ☐ Completed

*Start Date for this Agency (mm/dd/yyyy) _____ Program Exit Date (mm/dd/yyyy) _____