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 _____/_____/_____

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

Gender ☐ M ☐ F

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_____

Teacher's Years of Experience in Adult Education (select one)
☐ None ☐ Less than one year ☐ 1 to 3 years ☐ 3 or more years

*Adult Education Start Date _____/_____/_____

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 ☐ Master's Degree Paraprofessional ☐ Early Childhood
Courses ☐ Doctoral Degree ☐ Case Manager Paraprofessional
    ☐ Coordinator ☐ Parent Educator

Status ☐ Active ☐ Inactive ☐ Completed
Start Date for Agency this year _____/_____/_____ **Program Exit Date** _____/_____/_____