

eData V2 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 ____/____/____

*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

☐ No Diploma☐ Secondary School
Diploma/Equivalent☐ Some College
Courses☐ Technical/Business
School Certificate☐ Associate's Degree☐ Bachelor's Degree☐ Master's Degree☐ Doctoral 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 ☐ Active ☐ Inactive ☐ Completed

*Start Date for this Agency ____/____/____ Program Exit Date ____/____/____