

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  Technical/Business School Certificate
- No Diploma  Associate's Degree
- Secondary School Diploma/Equivalent  Bachelor's Degree
- Some College Courses  Master's Degree
- Doctoral Degree

- \*Primary Position  Counselor
- Administrator  Data Entry/Clerical
- Adult Educator  Early Childhood Educator
- Adult Education Paraprofessional  Early Childhood Paraprofessional
- Case Manager  Parent Educator
- Coordinator

\*Status  Active  Inactive  Completed

\*Start Date for this Agency \_\_\_\_/\_\_\_\_/\_\_\_\_ Program Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_