

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

\*Gender  M  F

What are your preferred pronouns? (Optional)

- she/her/hers
- he/him/his
- they/their/theirs
- other/not listed: \_\_\_\_\_

What is your gender identity? (Optional)

- man
- woman
- transgender
- non binary
- gender non-conforming
- other/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**

- 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** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_\_    **Program Exit Date** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_\_