

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) _____