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

*Sex   Male   Female

What are your pronouns? (Optional)
☐ she/her/hers
☐ he/him/his
☐ they/their/theirs
☐ not listed: _____

What is your gender identity? (Optional)
☐ man
☐ woman
☐ transgender
☐ non binary
☐ gender non-conforming
☐ 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	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 Courses	Master's Degree	Paraprofessional	Early Childhood
	Doctoral Degree	Case Manager	Paraprofessional
		Coordinator	Parent Educator

*Status ☐ Active   Inactive   Completed

*Start Date for this Agency (mm/dd/yyyy) _____ Program Exit Date (mm/dd/yyyy) _____