

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**

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) _____