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_____

*Years of Experience in Adult Education (select one)
☐ Less than 1 year ☐ 1 to 3 years ☐ More than 3 years

*Adult Education Start Date _____

*Education Level | ☐ Technical/Business School Certificate | ***Primary Position** | ☐ Counselor
☐ No Diploma | ☐ Associate's Degree | ☐ Administrator | ☐ Data Entry/Clerical
☐ Secondary School Diploma/Equivalent | ☐ Bachelor's Degree | ☐ Adult Educator | ☐ Early Childhood Educator
☐ Some College Courses | ☐ Master's Degree | ☐ Adult Education Paraprofessional | ☐ Early Childhood Paraprofessional
| ☐ Doctoral Degree | ☐ Case Manager | ☐ Parent Educator
| | ☐ Coordinator |

*Status ☐ Active ☐ Inactive ☐ Completed

*Start Date for this Agency _____ **Program Exit Date** _____