

eData V2 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 ____/____/____

*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

- No Diploma Technical/Business School Certificate
- Secondary School Diploma/Equivalent Associate's Degree
- Some College Courses Bachelor's Degree
- Master's Degree
- Doctoral Degree

*Primary Position

- Administrator Counselor
- Adult Educator Data Entry/Clerical
- Adult Education Paraprofessional Early Childhood Educator
- Case Manager Early Childhood Paraprofessional
- Coordinator Parent Educator

*Status Active Inactive Completed

*Start Date for this Agency ____/____/____ Program Exit Date ____/____/____