*\*\*\* This form MUST be completed annually and submitted to DMT for processing. \*\*\**

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| **EMPLOYEE INFORMATION** | | | | | | | | | | | |
| Last Name | | First Name | | | | Program Year | | | | | Date of Birth |
| Home Address | | | | City | | | Zip | | | Employee Phone | |
| Site/Office | | | Work Email | | | | | Supervisor/Coordinator Name | | | |
| Emergency Contact #1 | Emergency Contact Phone | | | | Emergency Contact #2 | | | | Emergency Contact Phone | | |

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| **EMPLOYMENT INFORMATION** | | | | | | | |
| Current Position  (SUBS: Indicate what position/whom you are subbing for) | | Full Time  Part Time | Permanent  Temporary | | Current HS Parent  Former HS Parent | | Initial date working with HS/EHS children |
| **PROGRAM OPTIONS: CHECK ALL THAT APPLY** | | | | | | | |
| EHS Center-Based  EHS Home-Based  Head Start  GSRP  Collaborative Center | | | | | | | |
| **RACE: CHECK ALL THAT APPLY (for USDA)** | | | | | | | |
| American Indian/Alaksa Native  Asian | Black/African-American  White | | | Unspecified | | Hispanic/Latino  YES  NO | |

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| **EDUCATION INFORMATION** | | | | | | |
| *Highest Education Level Achieved*  High School/GED  Associate Degree  Bachelor’s Degree  Advanced Degree | | | | | Is this degree ECE related?  YES  NO | |
| Name of Degree | Endorsements/Certifications (i.e. ZS, ZA, P.A.T.) | | | | | Expiration Date |
| Currently enrolled in an ECE program?  YES  NO | | | Hours Toward ECE Degree | | | |
| Current Child Development Associate Credential (CDA)  Infant/Toddler  Preschool  N/A | | CDA Expiration Date | | Currently enrolled in a CDA Program?  YES  NO | | |
| ***Collaborative Center Service Coordinator Use Only:***   Teacher  Assistant Teacher  Other | | | | | | |

**Distribution** Original Staff Forms: DMT (Michelle Karns) DMT sends original staff forms to supervisor