

To Be Completed by Interviewer

<p>Current Place of Employment: _____</p> <p>Employer License Number: _____</p> <p>Start Date of Current Employment: ____ / ____ / ____</p> <p>Months in current position: _____</p> <p>Total years in child care: _____</p> <p>Do you work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>If part-time, how much do you work? Hours Per Week: _____ Months Per Year: _____</p>	<p>Highest Education Level Achieved (check one):</p> <p><input type="checkbox"/> Some High School</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> G.E.D.</p> <p><input type="checkbox"/> C.D.A. Credential</p> <p><input type="checkbox"/> One-year Certificate of Proficiency</p> <p><input type="checkbox"/> Associate Degree (check one) ____ A.A ____ A.A.S ____ A.S.</p> <p><input type="checkbox"/> Bachelor Degree (check one) ____ B.A ____ B.S</p> <p><input type="checkbox"/> Master Degree (check one) ____ M.A ____ M.S ____ M.Ed.</p> <p><input type="checkbox"/> Specialist Degree</p> <p><input type="checkbox"/> Doctoral Degree (check one) ____ Ph.D. ____ Ed.D</p> <p>College/University Attended or Awarding Highest Degree: _____</p> <p>Date of Highest Degree: ____ / ____ / ____</p> <p>College Major (choose one):</p> <p><input type="checkbox"/> Child Development</p> <p><input type="checkbox"/> Early Childhood Education</p> <p><input type="checkbox"/> Elementary Education</p> <p><input type="checkbox"/> Secondary Education</p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Other: _____</p> <p>Number of College Early Childhood Education Credits: _____</p> <p>Number of College Business Administration Credits: _____</p>
<p>Position (check one):</p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Assistant Teacher</p> <p><input type="checkbox"/> Facility Administrator</p> <p><input type="checkbox"/> Non-Teaching Professional Staff</p> <p><input type="checkbox"/> ECI AmeriCorps member</p> <p><input type="checkbox"/> Other _____</p>	
<p>Ethnicity (check one):</p> <p><input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Non-Hispanic Black <input type="checkbox"/> Bi-racial</p> <p><input type="checkbox"/> Native American <input type="checkbox"/> Non-specified</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____</p>	