

MY TIME



EMPLOYEE INFORMATION FORM				
<i>For seasonal/temporal employment only/this form needs to be completed in full</i> () New () Updated/ Previously worked for CIS				
Last Name	First Name		Middle	
Today's date	E-mail address		Home Phone #	
Street Address	City and State	Zip Code	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Fluent in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a School District Employee? Yes ___ No ___ Name of School District Employed at:		
Ethnicity: Check all that apply <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific				
Year in School 2016-2017 : HIGH SCHOOL: FR SOPH JR SR OR COLLEGE: FR SOPH JR SR School Attending: _____ School ID#: _____ MAJOR: _____				

T-shirt size: S M L XL 2X 3X 4X	Are you AED Certified? Yes ___ No ___ Date of Certification: _____
	Are you CPR Certified? Yes ___ No ___ Date of Certification: _____

Name of nearest relative to contact in case of emergency/illness:			
Name	Relationship	Home Phone	Cell Phone

In compliance with after school program evaluation and reporting requirements, below is a series of statements that will be used to determine how to classify each after school program staff member.

Type of Staff Member	Check One
Employed by school district School-day teacher (include former and substitute teachers)	<input type="checkbox"/>
Employed by the school district with a Bachelor's Degree or higher Other non-teaching school-day staff (e.g., librarians, social worker , paraprofessionals, aides, secretaries, lunchroom supervisors)	<input type="checkbox"/>
Employed by the school district without a Bachelor's Degree or higher Other non-teaching school-day staff (e.g., paraprofessionals, aides, secretaries, lunchroom supervisors)	<input type="checkbox"/>
Not employed by the school district Youth development worker and other non-school-day staff with a college degree or higher	<input type="checkbox"/>
Not employed by the school district Other non-school-day staff with some or no college	<input type="checkbox"/>
College student	<input type="checkbox"/>
High school student	<input type="checkbox"/>

FOR OFFICE USE ONLY		
Program Site: _____	Position	Program
Hourly Rate: \$ _____	() Adult staff	() 21 st CCLC/D131 FY13
Regular part-time Yes No	() AU student	() 21 st CCLC/FVPD FY13
Substitute part-time position Yes No	() College student	() 21 st CCLC/D131 FY 15-Elem.
Fed w/h _____ State w/h _____	() High School student	() 21 st CCLC/D131 FY 15-4 Schools
	() OHS student	() CWASP Middle Schools
		() CWYPP Summer
		() Other