

STAFF INFORMATION FORM



ALL ABOUT ME

name		preferred name
address		
cell phone	other phone	
date of birth	social security #	
email address		date of hire

PROFESSIONAL QUALIFICATIONS (required by EEC)

position:	<input type="checkbox"/> teacher	<input type="checkbox"/> classroom assistant	<input type="checkbox"/> other:	supervisor
age group(s) you are caring for:	<input type="checkbox"/> infant (birth-15 mos)	<input type="checkbox"/> infant/toddler (birth - 2 yrs 9 mos)	<input type="checkbox"/> toddler (15 - 33 mos)	
	<input type="checkbox"/> toddler/ps (15 mos-k)	<input type="checkbox"/> preschool (2 years - k)	<input type="checkbox"/> preschool/SA (2 yrs 9 mos - 9 yrs)	<input type="checkbox"/> school age (5 - 14 yrs)
do you have an EEC certificate of qualifications?	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> applied	certificate #
level	(copy of certificate, if applicable, must be on file at the center)			
please list any licenses, certifications, or registrations you have (i.e., teacher certification, social worker's license, etc.)				
date of EEC professional registry			date of EEC educator orientation (if applicable)	

IN CASE OF EMERGENCY

emergency contact 1	
phone number	relationship
emergency contact 2	
phone number	relationship

SIGNATURE I attest that the above information is true and accurate

DATE

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COMPENSATION & BENEFITS						
pay rate \$	W-4 filing status:		<input type="checkbox"/> single/married filing separately	<input type="checkbox"/> married filing jointly	<input type="checkbox"/> head of household	
W-4 deductions:	additional weekly amount withheld \$			additional weekly amount withheld %		
health insurance:	<input type="checkbox"/> declined	<input type="checkbox"/> individual	<input type="checkbox"/> individual + 1	<input type="checkbox"/> individual + children	<input type="checkbox"/> family	
dental insurance:	<input type="checkbox"/> declined	<input type="checkbox"/> individual	<input type="checkbox"/> family			
child care weekly deduction \$						

DIRECT DEPOSIT						
routing #	<input type="text"/>	acct #	<input type="text"/>	<input type="checkbox"/>	checking	
				<input type="checkbox"/>	savings	
amount deposited:	<input type="checkbox"/> entire paycheck	<input type="checkbox"/> partial paycheck	amount:	if partial, remainder goes to:		
routing #	<input type="text"/>	acct #	<input type="text"/>	<input type="checkbox"/>	checking	
				<input type="checkbox"/>	savings	

A FEW OF MY FAVORITE THINGS						
favorite cake/dessert (we like to celebrate birthdays)						
favorite color			favorite sports team or activity			
What are your favorite ways to be appreciated at work (please check 2):				<input type="checkbox"/> extra time off	<input type="checkbox"/> awards	
<input type="checkbox"/> gifts	<input type="checkbox"/> financial reward (you know, money)		<input type="checkbox"/> recognition one-on-one	<input type="checkbox"/> public recognition		

WHAT YOU'D LIKE TO SHARE ABOUT YOURSELF
favorite thing about working with children/educational philosophy
who you live with
interests/hobbies outside work

Thank you for taking the time to complete this!
We're so happy to have you as part of our family.

