



# ALASKA SEED REGISTRY APPLICATION

## System for Early Education Development

Please print clearly in ink

(\* ) Indicates required fields for your application to be complete

### Personal Information

\*First Name \_\_\_\_\_ \*Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Previous \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

\*Date of Birth \_\_\_/\_\_\_/\_\_\_\_ \*Last 5 (five) digits of your Social Security # \_\_\_-\_\_\_-\_\_\_-\_\_\_ \*Gender  M  F

**This information will be kept confidential and is for data collection and statistical purposes only. This information will allow us to better serve the early care and education field.**

### Race/Ethnic Background

- American Indian or Alaska Native  Asian  Bi-racial or Multi-racial  Black or African American
- Hispanic or Latino origin  Native Hawaiian or Pacific Island  Caucasian  Other \_\_\_\_\_

### First Language (please check one)

- Athabascan  Aleut  American Sign Language  Aluutiq  Cambodian  Chinese  Cu'pik  English
- Eyak  Farsi  Filipino  Haida  Hmong  Inupiaq  Japanese  Korean  Laotian  Mien  Russian
- Samoan  Spanish  Tagalog  Tlingit  Tsimshian  Vietnamese  Yupik  Other \_\_\_\_\_

### Secondary Language (please check one)

- Athabascan  Aleut  American Sign Language  Aluutiq  Cambodian  Chinese  Cu'pik  English
- Eyak  Farsi  Filipino  Haida  Hmong  Inupiaq  Japanese  Korean  Laotian  Mien  Russian
- Samoan  Spanish  Tagalog  Tlingit  Tsimshian  Vietnamese  Yupik  Other \_\_\_\_\_

Total number of years worked in the Early Childhood Field \_\_\_\_\_ years

### Early Childhood Associations you are affiliated with (check all that apply)

- National Family Child Care Association (FCC)  Montessori  Head Start Association
- National Association for the Education of Young Children (NAEYC)  National Education Association (NEA)
- National Association of Regulatory Administration (NARA)
- Other \_\_\_\_\_

### Employment Information

Fill out the appropriate current and previous employment sections that apply to you on the next few pages. Please do not include employment history that does not directly relate to the field of early care and education. Attach additional forms if necessary. Do not send in your resume.

**\*Current Employment**

**\*Direct Care - Early Childhood Education Program/School**

\*Position/Title

- Lead Teacher
- Assistant Teacher/Aide
- Administrator/Director
- Elementary Teacher
- Other \_\_\_\_\_
- Family or Group Home Child Care Provider
- Assistant Administrator/Director
- Other Non-Teaching Staff (bus driver, cook, reception, etc)
- Apprentice

\* Program or School Name \_\_\_\_\_ \*City \_\_\_\_\_

\*Employment Start Date \_\_\_/\_\_\_/\_\_\_

\*What age group do you currently provide direct early care and education for? (check all that apply)

- Infant (0 - 12 months)
- Toddler (13 - 36 months)
- Preschool (37 - 60 months)
- School-Age (60+ months)

\*Current Wage Per Hour \$\_\_\_\_\_/hour or  Unknown/Decline to Respond

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**\*Administrative or Early Care and Education Support Agency**

- Government Agency (I.e. Licensing)
- University Faculty
- Resource and Referral
- Other \_\_\_\_\_

\*Employer Name \_\_\_\_\_ \*Employment Start Date \_\_\_/\_\_\_/\_\_\_

\*Position/Title \_\_\_\_\_

\*Current Wage Per Hour \$\_\_\_\_\_/hour or  Unknown/Decline to Respond

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**\*Consulting, Social, or Specialty Agency**

\*Employer Name \_\_\_\_\_ \*Employment Start Date \_\_\_/\_\_\_/\_\_\_

For Part C Early Intervention Program Grantee

\*Please check if you are a:  Contractor or  Employee of a Part C grantee

\*Position/Title

- Home Visitor
- Occupational Therapist
- Speech Language Pathologist
- Physical Therapist
- Developmental Associate
- Developmental Assistant
- Developmental Specialist
- Speech Pathologist
- Family Service Coordinator
- Vision Specialist
- Hearing Specialist

\*Current Wage Per Hour \$\_\_\_\_\_/hour or  Unknown/Decline to Respond

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**For all applicants, please answer the following questions about your current employment**

Hours worked per week \_\_\_/week

Months worked per year \_\_\_/year

Please check all benefits you receive from your current employer

- Vision
- Dental
- Paid Sick Leave
- Paid Vacation
- Paid Personal Leave
- Paid Holidays
- Paid Release
- Paid Training/Tuition
- Retirement Plan
- Other Fees/Dues
- Other Financial Support

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**\*Previous Employment**

Attach further copies for each previous early care and education employment, if applicable.

**\*Direct Care - Early Childhood Education Program/School**

\* Position/Title

- |   |  |
|---|--|
| <input type="checkbox"/> Lead Teacher           | <input type="checkbox"/> Family or Group Home Child Care Provider                    |
| <input type="checkbox"/> Assistant Teacher/Aide | <input type="checkbox"/> Assistant Administrator/Director                            |
| <input type="checkbox"/> Administrator/Director | <input type="checkbox"/> Other Non-Teaching Staff (bus driver, cook, reception, etc) |
| <input type="checkbox"/> Elementary Teacher     | <input type="checkbox"/> Apprentice  |
| <input type="checkbox"/> Other _____            |  |

\* Program or School Name \_\_\_\_\_ \*City \_\_\_\_\_

\*Employment Start Date \_\_\_/\_\_\_/\_\_\_ \*Employment End Date \_\_\_/\_\_\_/\_\_\_

\*What age group did you currently provide direct early care and education for? (check all that apply)

- Infant (0 - 12 months)    Toddler (13 - 36 months)    Preschool (37 - 60 months)    School-Age (60+ months)

\*Previous Wage Per Hour \$\_\_\_\_\_/hour or  Unknown/Decline to Respond

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**\*Administrative or Early Care and Education Support Agency**

- |   |  |
|---|--|
| <input type="checkbox"/> Government Agency (I.e. licensing) | <input type="checkbox"/> Resource and Referral |
| <input type="checkbox"/> University Faculty                 | <input type="checkbox"/> Other _____           |

\*Employer Name \_\_\_\_\_

\*Position/Title \_\_\_\_\_

\*Employment Start Date \_\_\_/\_\_\_/\_\_\_ \*Employment End Date \_\_\_/\_\_\_/\_\_\_

\*Previous Wage Per Hour \$\_\_\_\_\_/hour or  Unknown/Decline to Respond

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**\*Consulting, Social, or Specialty Agency**

\*Employment Start Date \_\_\_/\_\_\_/\_\_\_ \*Employment End Date \_\_\_/\_\_\_/\_\_\_

\*Employer Name \_\_\_\_\_

For Part C Early Intervention Program Grantee

\*Please check if you are a:  Contractor or  Employee of a Part C grantee

\*Position/Title

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Home Visitor               | <input type="checkbox"/> Occupational Therapist  | <input type="checkbox"/> Speech Language Pathologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Developmental Associate    | <input type="checkbox"/> Developmental Assistant | <input type="checkbox"/> Developmental Specialist    | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Family Service Coordinator | <input type="checkbox"/> Vision Specialist       | <input type="checkbox"/> Hearing Specialist          |   |

\*Previous Wage Per Hour \$\_\_\_\_\_/hour or  Unknown/Decline to Respond

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