



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

***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

***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

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

***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

***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

***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
