Community Colleges of Spokane

Spokane County Head Start /ECEAP/EHS
NEW EMPLOYEE AND PIR INFORMATION

HS/E/EHS maintains an employee database to ensure that federal Performance Standards are met. Each year the program completes a Program Information Report (PIR) for the Head Start/Early Head Start national office. The following information is required for the program's records and to complete the PIR.

EMPLOYEE SECTION

All new employees must complete this section and return it to your supervisor.

PLEASE PRINT

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Person to contact in case of emergency _____ Phone _____

Are you a current or former Head Start or Early Head Start parent? ☐ Yes ☐ No

Have you worked for another Head Start or Early Head Start program either part time or full time? ☐ Yes ☐ No

If yes, how many years total? _____ Where? _____

What languages are you fluent in? (Check all that apply, include primary language)

☐ English
☐ Spanish
☐ Native Central American, South American, Mexican languages (e.g., Mixteco, Quichean)
☐ Caribbean Languages (e.g., French-Creole, Haitian)
☐ Middle Eastern/Indic languages (e.g., Arabic, Hindi)
☐ Far Eastern Asian languages (e.g., Japanese, Vietnamese)
☐ Native North American / Alaskan Native languages
☐ Pacific Island languages (e.g. Palauan, Fijian)
☐ Western European / Slavic languages (e.g., Italian, Croatian)
☐ African languages (e.g., Swahili, Wolof)
☐ Other, please specify: _____

Highest grade or year of school completed? (Check only one category)
(If you have transcripts, please attach a copy when you return this to your supervisor.)

☐ Up to 8th grade
☐ 9th to 11th grade
☐ 12th grade but no diploma
☐ High school diploma/equivalent
☐ Vocational/technical program after high school but no vocational/technical diploma
☐ Vocational/technical diploma after high school
☐ Some college but no degree
☐ Associate's degree in _____
☐ Bachelor's degree in _____
☐ Graduate or professional school but no degree
☐ Master's degree (MA, MS) in _____
☐ Doctorate degree (PhD, EdD) in _____
☐ Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/JLB; etc)

EMPLOYEE SECTION

Only classroom education staff must complete this section; e.g., Early Childhood Program Specialist, Early Childhood Program Aide II, Early Childhood Program Aide I.

1. What is your race/ethnicity?

- ☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation.
- ☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.
- ☐ **Black or African American.** A person having origins in any of the Black racial groups of Africa
- ☐ **Hispanic or Latino origin.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Biracial or Multi-Racial.** A person reporting 2 or more races.
- ☐ **Other.** A person reporting an ethnicity/race other than those listed above. **Please specify below:**

_____

- ☐ **Unspecified.**

2. Number of years of teaching experience prior to your work with Spokane HS/ECEAP/EHS: _____

3. What degree(s) do you have?

AA Degree in _____

BA Degree in _____

MA Degree in _____

4. Are you currently enrolled in a degree program?

AA in _____

BA in _____

MA in _____

5. If you have not completed a degree, please indicate how many college credits have you completed to date _____ toward a degree in _____

6. CDA Certificates *(Please include a copy of your certificate when you return this form.)*

Preschool CDA Year received _____

Infant/toddler CDA Year received _____

7. Infant/toddler lead and associate teachers: Indicate specific infant/toddler course work completed:

List course number _____ Number of credits _____ Year taken _____

Community college or university where completed _____

8. Washington State STARS ID number _____

☐ Yes ☐ No - I have completed the STARS Basic 20 hours.

☐ Yes ☐ No - I have received an exemption from the 20 hours Basic STARS requirement.

SUPERVISOR SECTION

Supervisor, please complete this section, attach the documents listed at the bottom of the page for full-time staff and submit it to the administrative assistant within ten (10) working days of the employee's hire date. Please keep a copy of this document for your records.

Employee's job title _____ ☐ **Infant/toddler** ☐ **Preschool**

Position hire date ___/___/___ ☐ **Full time** ☐ **Part time**

Employee's evaluation due dates: 3 month ___/___/___ **5 month** ___/___/___ **Annual** ___/___/___ ☐ **N/A**

Site and supervisor _____ **Employee's work phone** _____

Date DSHS criminal history check submitted? ___/___/___ **Orientation date?** ___/___/___

Expiration date of the employee's first-aid/CPR card? (if applicable) ___/___/___

Expiration date of the employee's food handler's card? (if applicable) ___/___/___

ATTACH THE FOLLOWING DOCUMENTS FOR FULL-TIME STAFF ONLY

- Original Confidentiality Agreement
- Original Standards of Conduct Agreement
- Copy of Employee Notice from HRO
- Copy of Employee's Transcripts and/or CDA Certificate (if applicable)