



# Cultivate your professional growth Join the Alaska SEED Registry

Renewal  Initial

Please print clearly in ink

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

## Personal Information:

\*First Name \_\_\_\_\_ \*Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Previous \_\_\_\_\_  
 \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Last 5 (five) digits of your Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ \*Gender  M  F  
 \*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State AK \*Zip \_\_\_\_\_  
 \*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \*Email Address \_\_\_\_\_ \*Region  Southcentral  Northern  Southeast

## Confidential Information:

The following information will be kept confidential and is for data collection and statistical purposes only.  
 This information will allow us to better serve the early childhood field.

### Race/Ethnic Background

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                     | <input type="checkbox"/> Bi-racial or Multi-racial         |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino origin | <input type="checkbox"/> Native Hawaiian or Pacific Island |
| <input type="checkbox"/> Caucasian                        | <input type="checkbox"/> Other _____               |  |

### First Language (check all that apply)

- 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 \_\_\_\_\_

### Marital Status

- Single  Married  Widowed  Divorced  Cohabiting  Decline to respond

Are you providing the sole source of income?  Yes  No

Number of Pre-teen Children \_\_\_\_\_ Teenage Children \_\_\_\_\_

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

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> National Family Child Care Association (FCC)                     | <input type="checkbox"/> Montessori                                   | <input type="checkbox"/> Head Start Association |
| <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) | <input type="checkbox"/> National Education Association (NEA)         |   |
| <input type="checkbox"/> National Association of Regulatory Administration (NARA)         | <input type="checkbox"/> Alaska Family Child Care Association (AFCCA) |   |
| <input type="checkbox"/> Other _____  |   |   |

## Employment Information: Current and Previous

Complete the applicable current and previous employment sections.  
Only include employment history that directly relates to the field of early  
childhood. Please do not send your resume.



### Current Employment

\*Relationship Type

- Employee  Contractor  Owner  Volunteer  Unemployed  Decline to respond

\*Employment Status

- Full Time Staff  Part Time Staff  Ad Hoc Staff  Seasonal Staff  Decline to respond

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

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 \_\_\_\_\_

### Program Type

Please complete the section below that best describes your current employment—Direct Care or Administrative, Consulting,  
Social, or Specialty Agency

Direct Care—Early Childhood Education Program/School

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

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

- School District  Head Start/Early Head Start  Tribal  Faith-based  For-profit  Other Non-profit  
 Hospital  Child Care Center  Family or Group Home  Community College

\*Position/Title

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

\*Actual Title \_\_\_\_\_

Administrative, Consulting, Social, or Specialty Agency

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

- Government Agency (i.e. Licensing)  Child Care Resource and Referral  
 University Faculty  Child Care Assistance  
 Part C Early Intervention Program Grantee  Other \_\_\_\_\_

\*Position/Title

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

## Previous Employment

The Registry can maintain a comprehensive employment history. Please photocopy this form to document additional prior employment in the early care and education field.

### \*Relationship Type

Employee  Contractor  Owner  Volunteer  Unemployed  Decline to respond

### \*Employment Status

Full Time Staff  Part Time Staff  Ad Hoc Staff  Seasonal Staff  Decline to respond

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

### \*Reason for employment ending

Promotion  Lateral move  Demotion  Voluntary separation  Involuntary separation  
 Reduction in force  Retirement  Other

## Program Type

Please complete the previous section that best describes your previous employment – Direct Care or Administrative, Consulting, Social, or Specialty Agency

Direct Program Care—Early Childhood Education Program/School

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

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

School District  Head Start/Early Head Start  Tribal  Faith-based  For-profit  Other Non-profit  
 Hospital  Child Care Center  Family or Group Home  Community College

### \*Position/Title

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

\*Actual Title \_\_\_\_\_

Administrative, Consulting, Social, or Specialty Agency

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

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

Government Agency (i.e. Licensing)  Child Care Resource and Referral  
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 Developmental Associate  Vision Specialist  Hearing Specialist  
 Physical Therapist  Family Service Coordinator

Research shows that qualified and well-compensated care providers and teachers are the cornerstone of high-quality early childhood programs.

— National Governors Association, Building an Early Childhood Professional Development System, 2010



## Education and Training History:

\*Fill in all education information that applies. Documents verifying your education and/or training must be sent in with this application. Unofficial transcripts showing Early Childhood Education/Development and related credits, degrees, as well as copies of training certificates are accepted.

- Education and/or Training is not applicable at this time
- High School Diploma or GED                      Awarded \_\_\_/\_\_\_/\_\_\_
- CDA - Type:  Family Home    Center    Bilingual    Preschool    Infant/Toddler  
Awarded \_\_\_/\_\_\_/\_\_\_                      Expires/Expired \_\_\_/\_\_\_/\_\_\_
- Associate Degree in \_\_\_\_\_ Awarded \_\_\_/\_\_\_/\_\_\_
- Baccalaureate Degree in \_\_\_\_\_ Awarded \_\_\_/\_\_\_/\_\_\_
- Master's Degree in \_\_\_\_\_ Awarded \_\_\_/\_\_\_/\_\_\_
- Doctoral Degree \_\_\_\_\_ Awarded \_\_\_/\_\_\_/\_\_\_
- Other Certificate/Credential/Endorsement \_\_\_\_\_ Awarded \_\_\_/\_\_\_/\_\_\_
- Occupational License \_\_\_\_\_ Issuing State \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_      Expiration Date \_\_\_/\_\_\_/\_\_\_
- Teaching Certificate (i.e. A, C, E, I) Issuing State \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_      Expiration Date \_\_\_/\_\_\_/\_\_\_

### Before you submit your application, please verify:

- The (\*) required fields are complete and you have signed the Statement of Understanding on this page
- You have included all documentation verifying your education and/or training, if applicable

### \*Statement of Understanding

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that the information will be entered into Alaska's System for Early Education Development (SEED) Registry database. I understand that the SEED Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.

\_\_\_\_\_  
\*Signature of applicant

\_\_\_/\_\_\_/\_\_\_  
\*Date Signed

Please submit your application to the Alaska SEED Registry Coordinator via the following:

Mail: 3350 Commercial Drive, Suite 203  
Anchorage, AK 99501  
Fax: 907.265.3195    Toll Free Fax: 855.265.3195  
Electronic: info@seedalaska.org

Questions? Anchorage: 907.265.3194    Toll Free: 855.265.7333  
Visit the SEED website: www.seedalaska.org

Thank you for joining the Alaska SEED Registry