



## Career Development

The information on this form allows STARS to accurately identify you, place you into the training tracking system for career development. All information will remain confidential. You have access to your information with your STARS ID and password. This form can also be use to update career information for the Wyoming Career Development Ladder at any time in your career. (2/1/2010)

Date of Application: \_\_\_\_\_

### General Information:

\_\_\_\_\_ First time application \_\_\_\_\_ Career update /change of information  
(Please check one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Use given name as it appears on your STARS record.)

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(STARS is going green and will communicate with you via email.)

### General Demographics

Sex: \_\_\_ Female \_\_\_ Male

Ethnicity: \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_ (If more than one, check all that apply.)

Also tell us if you are: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

Is your first language one other than English? \_\_\_ Yes \_\_\_ No List your native language: \_\_\_\_\_

(Example: Spanish)

### Educational Information: Are you seeking to gain a \_\_\_ CDA \_\_\_ College degree \_\_\_ Join the Apprenticeship program?

\_\_\_ High School Diploma or GED

\_\_\_ CDA (specify type) \_\_\_\_\_ CDA Advisor (Supply copy of letter.)

Date of Issue \_\_\_\_\_ Initial \_\_\_\_\_ Renewal (Supply copy of certificate.)

AA/AAS Degree in \_\_\_\_\_ BA/BS Degree in \_\_\_\_\_

Master's Degree in \_\_\_\_\_ Doctorate Degree in \_\_\_\_\_

(Supply copy of college transcript.)

### Employment Information:

Name of child care facility in which you are employed: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What is your position at your facility?

\_\_\_ General Care Provider \_\_\_ Teaching Assistant \_\_\_ Teacher \_\_\_ Home Provider \_\_\_ Center Director

\_\_\_ Other (specify) \_\_\_\_\_

### Employment Data:

What is your current wage? \$ \_\_\_\_\_ /hour

List employment benefits (Life Insurance, Health insurance, Sick leave, Vacation): \_\_\_\_\_

What kind of setting do you work in?

\_\_\_ Family Home Child Care(FHCC) \_\_\_ Family Child Care Center (FCCC) \_\_\_ Child Care Center (CCC) \_\_\_ Head Start

\_\_\_ Preschool \_\_\_ Developmental Child Care Center

By my signature, I certify that this information is true. \_\_\_\_\_

Career Development Applicant Signature

Date