



Career Pathway Application

WV STARS

West Virginia State Training and Registry System

Office Use Only-2012

Date Received:

PO/Inv Ck MO CC
#

Personal Business
\$

Date Entered:

Date Processed:

Registry ID #:

Please submit this application completed in blue/black ink with the following to WV STARS:

- \$15 check, money order or credit card transaction form for non-refundable application processing fee (payable to WVECTCR)
- Current typed résumé listing experience (with years of employment) working with or on behalf of children
- Documentation supporting education, training and credentials indicated in Section IV (i.e. high school diploma, official college transcript, or certificates)

I. Applicant Information

| | | | |
|---|--------|--|---------------------|
| Have you applied for a certificate with WV STARS previously? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the assigned Registry Identification Number _____ | | | |
| <i>*If you have previously possessed a Career Pathway Certificate, additional training documentation may be requested.</i> | | | |
| First Name: | MI: | Last Name: | Previous Last Name: |
| Date of Birth (mm/dd/yyyy): | | Social Security Number: (Last 5 digits) <u> X </u> <u> X </u> <u> X </u> - <u> X </u> - _____ | |
| Mailing Address: | | | |
| City: | State: | Zip Code: | County: |
| Primary Phone Number: | | Secondary Phone Number: | |
| E-mail Address (Personal): | | E-mail Address (Work): | |
| If English is your secondary language, please indicate your primary language (<i>Leave blank if English is primary language</i>): | | | |

II. Program Information

| | | | |
|--|--------|------------------|---------|
| Employment Status (Check one) | | | |
| <input type="checkbox"/> I am currently employed in a program that works with or on behalf of children (<i>If selected, provide employer info below</i>) | | | |
| <input type="checkbox"/> I am self-employed as a Family Child Care Home Provider (<i>If selected, proceed to Section III</i>) | | | |
| <input type="checkbox"/> I am not currently employed in a program that works with or on behalf of children (<i>If selected, proceed to Section IV</i>) | | | |
| Current Employer (Program Name): | | | |
| Work Address: | | | |
| City: | State: | Zip Code: | County: |
| Work Phone Number: | | Work Fax Number: | |

III. Current Employment Information

| | | | |
|---|---|--|---|
| Hire/Start Date (mm/dd/yyyy): | | | |
| On average, how many hours are you paid to work per week? _____ | | On average, how many months are you paid to work per year? _____ | |
| Indicate your current position (Check the appropriate box): | | | |
| <input type="checkbox"/> Administrator (Owner, Director, Coordinator) | <input type="checkbox"/> Non-teaching Professional (Trainer, Family Advocate, Social Worker) | <input type="checkbox"/> Non-teaching Support Staff (Office Staff, Cook, Transportation Aide) | |
| <input type="checkbox"/> Teacher of Children (Lead Teacher, Co-Teacher, Head Teacher) | <input type="checkbox"/> Assistant Teacher of Children (Teacher's Aide, Teaching Assistant) | <input type="checkbox"/> Family Child Care Provider (Provide care for children in your home) | |
| <input type="checkbox"/> Home Visitor | | | |
| If you provide direct services to children in your current position, indicate the group(s): | | | <input type="checkbox"/> N/A (I do not work directly with children) |
| <input type="checkbox"/> Infant (0-12 months) | <input type="checkbox"/> Preschool (37 months-PreK) | <input type="checkbox"/> Secondary (11 years and up) | |
| <input type="checkbox"/> Toddler (13-36 months) | <input type="checkbox"/> Primary (K-13 years) | <input type="checkbox"/> Children with Special Needs | |
| Indicate the benefits offered to you by your employer: | | | |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Paid Personal Leave | <input type="checkbox"/> Paid Release Time for Training | <input type="checkbox"/> Flexible Spending Account |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Paid Vacation Leave | <input type="checkbox"/> Training Registration Fees | <input type="checkbox"/> Free or Reduced Child Care |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Conference Registration Fees | |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Paid Holidays | <input type="checkbox"/> College Tuition | <input type="checkbox"/> N/A (I am not offered benefits) |

