

Early Care and Education - Training Records Information System Information Form

PERSONAL INFORMATION

BIRTHDATE: ____/____/____ Last 4 digits of SS# _____

These are required to create your unique id in ECE-TRIS.

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

PERSONAL
MAILING ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PERSONAL
EMAIL ADDRESS: _____ @ _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

GENDER: Male Female **ETHNICITY:** Hispanic/Latino Non-Hispanic/Latino

RACE: African American Caucasian (White)
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian Other _____ (please specify)

What is your Primary Language? _____ Secondary Language? _____
 (Ex. English, Spanish, German, French, Chinese, Japanese, Korean, Arabic, Serbo-Croatian, Vietnamese, Sign Language)

JOB TITLE: _____

EMPLOYER INFORMATION AREA

***Specify Work Site/School/Program - not the Central Office or School System - in Employer Name Area
No Abbreviations Please***

Employer Name: _____

Please Circle: Licensed, Certified Home, Registered Provider, Head Start, Preschool, Agency/Organization

LICENSE #: _____ (if applicable) **HIRE DATE:** ____ - ____ - ____ (Month – Day – Year)

SITE ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ DIRECTOR: _____

Please send completed form to:
ECE-TRIS, University Training Consortium, Eastern Kentucky University,
521 Lancaster Ave., 133 Stratton Bldg., Richmond, KY 40475 or FAX: (859)622-6838
DO NOT SEND via EMAIL
P: (859)622-8811 or Toll Free (877)312-TRIS [W: https://tris.eku.edu/ece/](https://tris.eku.edu/ece/)