

OHIO CHILD WELFARE TRAINING PROGRAM  
CHILD WELFARE TRAINING SYSTEM

# Worker Information Form

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The following information is needed in order to maintain accurate up-to-date files on all child welfare staff. Please complete the requested information for each new staff person hired; i.e., administrator, supervisor, line worker, child care worker, case aide, and homemaker. Also, if an individual changes their position within the agency or is no longer employed at your agency, please complete this form accordingly. Return the completed form to ECORTC.

**ADD NEW WORKER**       **CHANGE POSITION**       **DELETE WORKER**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Date of Position Change: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Unit: \_\_\_\_\_

Education: \_\_\_\_\_

Position:      \_\_\_\_\_ Administrator/Manager      \_\_\_\_\_ Line Supervisor  
                  \_\_\_\_\_ Caseworker/Line Social Worker      \_\_\_\_\_ Clerical/Support  
                  \_\_\_\_\_ Case Aide/Homemaker      \_\_\_\_\_ Child Care Worker  
                  \_\_\_\_\_ Other (Specify: \_\_\_\_\_)

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

Race:      \_\_\_\_\_ Black      \_\_\_\_\_ White      \_\_\_\_\_ Hispanic  
                  \_\_\_\_\_ Asian      \_\_\_\_\_ American Indian      \_\_\_\_\_ Other

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**Please return completed form to:  
ECORTC, 274 Highland Avenue, Suite 100, Cambridge, OH 43725**