

Greene County Schools Personnel Recommendation Form

POSITION TITLE: _____

WORK SITE: _____

NUMBER WORK DAYS OR CONTRACT PERIOD: _____

EXTENDED DAY: _____ EXTENDED YEAR: _____

SPECIAL CONDITIONS OR ADDITIONAL ASSIGNMENTS:

APPLICANT SOURCE (Check one or all that apply) Applicant File Position Advertisement Recruitment

NUMBER OF APPLICANTS: _____ NUMBER INTERVIEWED: _____

RECOMMENDATION TO FILL POSITION

NAME: _____ SSN: _____

REPLACING: _____ EMAIL FOR CONTRACT DELIVERY: _____

QUALIFICATIONS FOR POSITION (Certification, training, and experience – attach a copy of applicant's current certification):

Certificate Type and Area of Certification (if applicable): _____ Certificate Expiration Date: _____

If certification pending, PSC application date: _____ GACE passed? _____ Out-of-State Certificate: _____

REFERENCES CONTACTED:

Name: _____

School/Position: _____

School District/State: _____

Professional Relationship to Applicant: _____

Date of Contact _____ **By:** Letter Fax Telephone

APPLICATION STATUS:

Application package complete: Yes No

Employment to Begin (Date) _____ Board Approval (Date) _____

Recommended By: _____ Date: _____

Personnel Director: _____ Date: _____

Superintendent: _____ Date: _____