|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant: | Click or tap here to enter text. | Telephone: | Click or tap here to enter text. |  |
| Address: | Click or tap here to enter text. |  |
|  |  |
|  | **PRINCIPAL, DEPARTMENT HEAD, SUPERVISOR, OR COORDINATOR** |
| Interviewed by: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |  |
| Does the applicant, if assistant teacher recommendation, meet State or Federal qualifications? | Yes |[ ]  No |[ ]  Not Qualified |
| If yes, check one:  |[ ]  College hours (Minimum of 48 hrs.) |[ ]  Degree (Attach required documentation) |
| Recommended for: (Grade & Subject) | Click or tap here to enter text. | Replacement: | Yes |[ ]  No |[ ]
| Are you aware of any reason this candidate should not be hired? | Yes |[ ]  No |[ ]  If “YES” type response on the next line. |
|  | Click or tap here to enter text. |  |
| Who is being replaced? | Click or tap here to enter text. | Funding Source | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  Administrator Signature & Title |  | Federal Program Director (if applicable) |
|  |  |  |
| **BUSINESS DEPARTMENT** |
| Budgeted: | Yes |[ ]  No |[ ]   |
| Salary Range: |  | Business Manager or Designee |  |  |
|  |  |  |  |
|  |
| **HUMAN RESOURCES DEPARTMENT** |
| Completed application packet: | Yes |[ ]  No |[ ]  If not, what is missing? |  |  |
| Are you aware of any concerns this candidate would pose if hired? | Yes |[ ]  No |[ ]  If “YES” indicate response on the next line. |
|  |  |  |
| Prior employment with district? | Yes |[ ]  No |[ ]  Leave in “Good Standing”? | Yes |[ ]  No |[ ]
| Beginning Date: |  | Level of Certification: |  | Years of Experience: |  |  |
| Contract Period: |  | Employment Days: |  | Salary: |  |  |
|  | Human Resources Director or Designee |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
| **DEPUTY SUPERINTENDENT** |
| Conference: | Yes |[ ]  No |[ ]  Date: |  |  |  |  |
| Comments: |  |  |  |
| Approved: |[ ]  Denied |[ ]  If denied, give reason |  |  |
|  |  |  |
|  |  |  |  |  |  | Signature: |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
| **SUPERINTENDENT** |
| Conference: | Yes |[ ]  No |[ ]  Date: |  |  |  |  |
| Comments: |  |  |
| Approved: |[ ]  Denied |[ ]  If denied, give reason |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Signature: |  |
|  |  |  |  |  |  |  |  |