

**PERSONNEL RECOMMENDATIONS
FOR SCHOOL BOARD**

Please type and submit to the Personnel Office by Tuesday before the Board Meeting.

SCHOOL BOARD MEETING DATE: _____

GENERAL INFORMATION:

CANDIDATE'S NAME: _____ POSITION: _____

SCHOOL: _____ LENGTH OF CONTRACT: _____ START DATE: _____

EDUCATIONAL BACKGROUND:

COLLEGE/UNIVERSITY: _____ GRADUATION YEAR: _____

MAJOR SUBJECT: _____ DEGREE: _____

CERTIFICATION:

CERTIFICATION CLASS: _____

ENDORSEMENT(S): _____

MISSISSIPPI CERTIFICATION: YES NO

CERTIFICATION NUMBER: _____

EXPIRATION DATE: _____

OTHER:(SPECIFY) _____

OTHER:

COMPLETED APPLICATION IN PERSONNEL DEPARTMENT: YES NO

REFERENCES AUDITED: YES NO

YEARS OF TEACHING EXPERIENCE: _____
(Do not include part-time experience)

COMMENTS: _____

RECOMMENDATION MADE BY: _____ TITLE: _____

*******DO NOT WRITE BELOW THIS LINE*******

DATE RECEIVED IN PERSONNEL OFFICE: _____

BOARD ACTION: APPROVED TABLED