

**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: _____

CERTIFICATION NUMBER: _____

ENDORSEMENT(S): _____

EXPIRATION DATE: _____

MISSISSIPPI CERTIFICATION: YES NO

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