

Sunflower County Consolidated School District

Mrs. Miskia Davis, Superintendent

"United For Excellence"



Employment Recommendation Form

PLEASE PRINT

Last Name:			
First Name:			
SSN:			
Address:			
Phone:			
Date of Birth:			
Race:			
Gender (Check One):	Male	Female	
School/Location:			
Is this a new position?	Yes	No	
If no, who are they replacing?			
Start Date: <i>(Must have Supt. approval if starting prior to board meeting)</i>			
Years of Experience:			Retired? Yes No

Certified Employees

Certification:	A AA AAA AAAA
Position:	
Subject(s):	
Grade Level(s):	

Non-Certified Employees

Position:		
4-Yr. Undergraduate Degree or ACT Work Keys:	Yes	No
College Hours (48 hours minimum)	Yes	No

School Must Attach: Application Transcript Resume Educator License
 Reference Check Form

Recommended By: _____ **Date:** _____

Business Office Use: Salary: _____ **Funding Source:** _____ **# of Days:** _____

Received By (Personnel): _____ **Date:** _____

Superintendent's Signature: _____ **Date:** _____