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 (Circle One):	Male		Female	
School/Location:				
Is this a new position?	Yes		No	
If no, who are they replacing?				
Start Date:				
(Must have Supt. approval if				
starting prior to board meeting)				
Years of Experience:			Retired? Yes	No
	Certified E	mployees		
Certification:	A AA	AAA AAAA	Λ	
Position:				
Subject(s):				
Grade Level(s):				
	Non-Certified	Employees		
Position:				
4-Yr. Undergraduate Degree or ACT Work Keys:		Ŋ	Yes	No
College Hours (48 hours minimum)		Yes		No
School Must Attach:Application Reference	nTranscript	Resume	Educator License	
Recommended By:		Date:		
Business Office Use:				
Salary: Funding Source:		# of]	Days:	
Received By (Personnel):			Date:	
Superintendent's Signature:		_	Date:	