



EMPLOYMENT RECOMMENDATION FORM

This form should be completed when a position is ready to be filled. Once the top portion is completed, submit the form and all required documentation to the OFFICE OF HUMAN RESOURCE SERVICES for approval.

TO BE COMPLETED BY PRINCIPAL, DIRECTOR OR HIRING AGENT

Date: _____ Position: _____

Site/Department: _____

Substitute - Child Nutrition Transportation ASCP
 Certified Classified New Hire Retiree Interim

Name: _____

____ Replacement - Name of person being replaced: _____

Please indicate applicants interviewed for the above position:

1. _____ 2. _____

3. _____ 4. _____

Is candidate previous employee of Wilson County Schools? Yes No

If yes, please indicate position. _____

Signature – Principal, Director or Hiring Agent _____ **Date**

TO BE COMPLETED BY OFFICE OF HUMAN RESOURCE SERVICES

Licensed Applicants:

Is candidate licensed for area of assignment? Yes No Add – On Area: _____

Indicate the appropriate Licensure area

Provisional Temporary Lateral Entry ILT-I ILT-II ILT-III NCLB HIGHLY QUALIFIED

Has candidate ever worked in North Carolina school system before? Yes No

If yes, indicate name of last school system worked. _____

Signature –Licensure Specialist _____ **Date**

Classified Applicants:

Meets NCLB qualifications? Yes No **(Teacher Assistants Only)**

Successful completion of CDL Training Course? Yes No **(Transportation Candidates Only)**

Has candidate ever worked in North Carolina school system before? Yes No

If yes, indicate name of last school system worked. _____

Effective Date: _____ **Position Control #** _____

Signature – Executive Director, HRS _____ **Date**