

Employment Recommendation Form

Building Supervisor To Complete sections A, B and C below

New Hire	Amended Employee Status
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A

Employee Information:

Legal Name: _____	SSN: _____
Street Address: _____	
City, State Zip: _____	Phone No.: _____

B

Job Description:

Job Title: _____

Replacement for: _____

Location of Employment (Building/School): _____

Certified Non-Certified

For Supplemental Jobs Only: _____	Experience: _____
In-District <input type="checkbox"/>	Out-of-District <input type="checkbox"/>

Recommended by: _____

Principal's/Dept. Supervisor's Signature _____ Date _____

Funded by: General Fund Other

Fund Name: _____

No. of months worked per year: _____

No. of hours worked per day: _____

No. of days worked per week: _____

Educational Level _____

Percentage of Contract: _____

Effective Date: _____

Salary/Hourly Rate: _____
(including rate increases due to shift or training)

Step No.: _____

C

Personnel Office:

Date Board Approved: _____

Employer Paid Benefits: Family Single None

Check Life Insurance Coverage Amount Below:
\$25,000 \$30,000 \$45,000 \$50,000

Employee Paid Benefits: Family Single None

(Check All Insurance Benefits that Apply) Life Vision Dental Prescription Medical

Human Resources Office

Approved by: _____
<i>HR Director's Signature</i> _____ <i>Date</i> _____

Superintendent's Office

Verified by: _____
<i>Superintendent's Signature</i> _____ <i>Date</i> _____

Treasurer's Office:

Date Employment Tax Forms Entered: _____

Date SSN Verification Done: _____

Date Amended Employee Changes Made: _____

Bldg. Dept #: _____
IRN #: _____
Job #: _____
Pay Group #: _____
Calendar Type #: _____
Distribution Acct.#: _____

Entered by: _____

WESTLAKE CITY SCHOOL DISTRICT
BACKGROUND CHECKLIST FOR HIRING PURPOSES

POSITION: _____
BUILDING _____
DATE OF HIRE: _____

FIRST REFERENCE

PERSON _____
TYPE Professional Personal
POSITION _____
PLACE _____
PHONE NUMBER _____
Notes

SECOND REFERENCE

PERSON _____
TYPE Professional Personal
POSITION _____
PLACE _____
PHONE NUMBER _____
Notes

THIRD REFERENCE

PERSON _____
TYPE Professional Personal
POSITION _____
PLACE _____
PHONE NUMBER _____
Notes

SOCIAL MEDIA CHECK CHECK GOOGLE, TWITTER, FACEBOOK, INSTAGRAM)

ISSUE TYPE

I certify that I have completed the above background checks and recommend this person for hire

Signature _____

Name _____

Date: _____