



**HEMPSTEAD INDEPENDENT SCHOOL DISTRICT
RECOMMENDATION FOR EMPLOYMENT
OF SUPPORT PERSONNEL**

NAME:

SOCIAL SECURITY #

CAMPUS:

BEGINNING DATE:

THIS POSITION IS A:

NEW POSITION

REPLACEMENT

REPLACING

POSITION

POSITION REQUIRES (# OF DAYS)

ASSIGNMENT (SPECIFIC)

% OF DAY

REFERENCE CHECK INFORMATION

(Do not send form for superintendent's approval without reference check information being completed).

PRINCIPAL/SUPERVISOR SIGNATURE:

DATE:

APPROPRIATE CERTIFICATION VERIFIED:

YES

NO

N/A

CERTIFICATION COMMENTS:

CRIMINAL HISTORY CHECK COMPLETED AND APPROVED:

YES

NO

HOURLY PAY RATE:

CHIEF FINANCIAL OFFICER APPROVAL:

DATE:

SUPERINTENDENT APPROVAL:

DATE:

FOR HR USE:

Form Completion:

REFERENCE CHECK

1. REFERENCE NAME:

POSITION:

DATE CALLED:

REMARKS:

2. REFERENCE NAME:

POSITION:

DATE CALLED:

REMARKS:

3. REFERENCE NAME:

POSITION:

DATE CALLED:

REMARKS:

***SEND COMPLETED FORM AND APPLICATION TO THE HUMAN RESOURCES DEPARTMENT FOR PROCESSING.**