



CAPE GIRARDEAU
PUBLIC SCHOOLS

Interview Recommendation Form CERTIFIED

Complete form and submit to Human Resources.

Attach all interview notes / rating sheets and destroy duplicate copies of application materials.

Position Title : _____

Building / Location: _____ Effective School Year: _____

Job #: _____ Existing Position / Replacing: _____

_____ New Position / Paperwork Completed? _____

Interview Committee Members: Name / Position

Applicants Interviewed: Name / Date of Interview

Committee Recommendation:

Hire: _____ Date to begin work: _____

Professional Recommendations/Previous Employer: *Name & Position of Contact / Date / Comments*

Salary Information: *Recommending supervisor should review resume/application to complete this section.*

Years of Experience _____ Salary Schedule / Step: _____

Horizontal Placement: ____ BA/BS ____ BA/BS +18 ____ MA/MS ____ MA/MS +15 ____ MA/MS +30

Funding Source: ____ District ____ Title ____ Sped ____ Other: _____

Certifications: *Recommending supervisor should review resume/application to complete this section.*

____ Holds Current Missouri Certification for Recommended Position

Area of Certification: _____ Expiration Date: _____

____ Pending Certification *Currently completing requirements and will be certified prior to assignment beginning.*

____ Holds Current Sub Certification *Should be hired as a long term substitute until certification is complete.*

____ Holds No Missouri Certification *Plans to pursue certification route as indicated.*

____ Missouri Sub Certification ____ Temporary Authorization Certification (TAC)

____ Other: _____

____ DESE Certification Not Required for Recommended Position

____ No Cert Required

____ Other Certification Required: _____

Additional Certification Notes:

Authorized Signatures:

Supervisor / Principal

Date

Deputy / Assistant Superintendent

Date

Human Resources Coordinator

Date

Federal Programs Coordinator

Date

This section is to be completed by Human Resources.

SISFIN Data Entry Completed By

Date

SISFIN Data Entry Verification

Date