



**CAPE GIRARDEAU**  
PUBLIC SCHOOLS

## Interview Recommendation Form CLASSIFIED

*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.*

Salary Schedule Title: \_\_\_\_\_ *Ex: Admin Asst II, Nutrition Services Staff, Teacher Asst*

Years of Experience \_\_\_\_\_ Salary Schedule / Step: \_\_\_\_\_

Funding Source: \_\_\_\_\_ District \_\_\_\_\_ Title \_\_\_\_\_ Sped \_\_\_\_\_ Other: \_\_\_\_\_

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

\_\_\_\_\_ Holds Current Missouri Certification for Recommended Position

\_\_\_\_\_ Missouri Sub Certification \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

\_\_\_\_\_ Missouri Sub Certification

\_\_\_\_\_ 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