

RECOMMENDATION FOR EMPLOYMENT

****This is only a recommendation. Determination of employment and start date must have approval by the ANW Administrator.**



Teacher Name: _____

School Name: _____

Name of Para recommended for employment: _____
(First Name, Middle Initial and Last Name)

Requested start date: _____

Para's Date of Birth: _____

Para's last four digits of their social security number: _____

Please mark one of the following for each reference.

List three references: 5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 - Unacceptable

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Endorsed by Building Administrator Yes No

Name of Building Administrator _____

Comments / Concerns:

****Note – Email completed form to ANW Regional Administrator. Employment cannot be initiated until notice of employment and start date is received from the ANW Regional Administrator. If there are any special issues / concerns, please contact Bob Coleman at the ANW Central Office.**

****Office Use Only****

Regional Administrator Approval Yes No Start Date: _____