

(_____) _____

PERSONNEL SELECTION FORM

Est. Exp. _____

Fax : 704-289-9154

School _____ Position _____ Subject/Grade Level _____

Legal Name – Last First Middle Maiden SSN _____ Applicant Status _____
 New Teacher (N) Currently employed at _____
 Former UCPS/Curr.Teacher (FT/CT) / Retired (R)

Replacing _____ Former/Curr.Substitute (FS/CS)/ Volunteer (VOL)
 Former/ Current Teacher Asst. (FTA/CTA)

Reason for Vacancy _____
 (Attach calendar for family medical or extended leave) Dates for vacancy _____ to _____
Interim positions of less than 6 months are ineligible for benefits without an approved Request for Employee Benefits form stating intent to rehire for the upcoming school year.

LICENSED EMPLOYEE _____ (Type of Contract)

CLASSIFIED EMPLOYEE

<input type="checkbox"/> Regular Begin Date _____ (mm/dd/yy)	<input type="checkbox"/> Regular Begin Date _____ (mm/dd/yy)
<input type="checkbox"/> Interim Begin Date _____ End Date _____	<input type="checkbox"/> Interim Begin Date _____ End Date _____

Please indicate if candidate is **Lateral Entry**. Yes No
 Prior to teaching, Lateral Entry candidates must complete the 10-day staff development training provided by the Instructional Division. The Instructional Director has been contacted to provide training. **Instructional Director's Signature** _____

Special Conditions: _____
 Identify special conditions, including special salary provisions, e.g., 80% employee, critical needs, reassignments, \$.00/hour, etc.

CANDIDATES INTERVIEWED:		TWO CONFIDENTIAL REFERENCES	
Date	Name	Date	Reference Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have contacted and received the supervisory references above _____
 Administrator's Initials

ADMINISTRATOR'S CHECK LIST OF ATTACHED DOCUMENTS	FOR OFFICE USE ONLY
___ 1. Has this candidate ever been suspended, dismissed, fired or discharged from UCPS or any other position of employment? ___ Yes ___ No	___ 1. Has this candidate ever been suspended, dismissed, fired or discharged from UCPS or any other position of employment? ___ Yes ___ No
___ 2. Licensed / Classified Application signed by applicant	___ 2. Licensed / Classified Application signed by applicant
___ 3. Two Confidential Employment Reference Forms	___ 3. Two Confidential Employment Reference Forms
___ 4. NC License - Expiration _____	___ 4. NC License - Expiration _____
___ 5. Out of State License _____ (State)	___ 5. Out of State License _____ (State)
___ 6 Official Degree Dated Transcripts /HS Diploma _____	___ 6. Official Degree Dated Transcripts/ HS Diploma _____
___ 7. Praxis / State Content Test Scores / HOUSSE Verification	___ 7. Praxis / State Content Test Scores / HOUSSE Verification
___ 8. Authority for Release of Information listing States/Cities	___ 8. Criminal Records Check Sent _____ Rec'd _____
___ 9. NC Public Schools Health Examination Certificate	___ 9. NC Public Schools Health Examination Certificate
___ 10. Employment Eligibility Verification (Form I-9)	___ 10 Employment Eligibility Verification (Form I-9)
___ 11. Other _____	___ 11. Notify Payroll _____ Salary _____

In making this request, I am confirming that I have contacted and submitted two supervisory references. I have communicated to the applicant that his/her employment is contingent upon approval of the Union County Board of Education. I have thoroughly examined all available information on this applicant and believe that he/she poses no threat to the welfare of the students and staff at the school.

Principal's Printed Name _____ Supervisor's Printed Name _____
 Principal's Signature & Date _____ Supervisor's Signature & Date _____

Human Resources Official _____ **Approved** _____ **Denied** _____ **Date** _____