



# NEW HIRE RECOMMENDATION FORM

Phone: 706-826-1000 FAX: 706-826-4632

School/ Department	Principal/ Administrator	Date
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I attest that the following information is accurate and has been verified. This form in no way constitutes an agreement of employment with the candidate. Principal Initials:

**NEW HIRE EMPLOYEE INFORMATION**

Last Name	First	M I
Position/Content	GA Teacher Certificate # / Level / Field(s)	
Social Security Number:	Start Date:	Funding Source

**REFERENCE CHECK (PLEASE CONTACT AT LEAST TWO REFERENCES.)**

Name/Title	Name/Title	Name/Title
Mode of Contact:	Mode of Contact:	Mode of Contact:
Previous RCSS Employee:	Year(s) Employed:	Reason for Separation:

Person Replacing:

**Non- Traditional Teacher Addendum**  
*(I attest that a teacher with a valid GAPSC certificate was not available to fill this position.)*

Does the candidate have experience with students? If yes, please explain.	
Does the candidate have a Bachelor's degree or higher in a related field for recommendation? List degrees.	
Was a certified candidate available? If yes, explain why you are recommending this candidate.	
Principal's Signature:	Assistant Superintendent's Signature: