Warren County Educational Service Center

EMPLOYMENT RECOMMENDATION Revised June 2019

THESE ATTACHMENTS SHOULD BE INCLUDED WITH THIS RECOMMENDATION:
☐Completed Application ☐Resume ☐References ☐Licensure ☐Background Checks ☐College Transcripts ☐Work Grid

BOARD APPROVAL REQUIRED BY:	WCESC ☐	GOVS ☐	COG ☐

GENERAL INFO

Last Name:	First Name, M.I.	DOB:	Sex ☐Male ☐Female	Social Security #
Address:		City:	State:	Zip:

Phone w/ Area Code:	Marital Status: ☐Single ☐Married	Race: ☐White/Non-Hispanic ☐Asian/Pacific Islander ☐Hispanic ☐Black, Non-Hispanic ☐American Indian/Alaskan Native ☐Other

Background Checks/No Criminal Record: (Positive results required prior to start date)	☐BCI (State) ☐FBI (Federal)	☐Included w/recommendation) ☐In Process/Will Provide

ODE Licensure: ☐Included w/recommendation ☐In Process/Will Provide ☐Not required Meets HQT: ☐Yes ☐No

Ohio Board Licensure (therapists): ☐Included w/recommendation ☐In Process/Will Provide ☐Not Required

Position Start Date:	Position End Date:	Board Hire Date:

CONTRACT DEVELOPMENT

Position/Title:	Program:	Assigned Location(s) (designate %)	Type: ☐Certified ☐Non-Certified
Payroll Start Date:	Vendor # ☐ Yes ☐No Technology: Laptop ☐Yes ☐ No	Comments:	

Contract: ☐Limited ☐Continuing ☐Retire/Rehire ☐Supplemental	Schedule/Step/Degree:

Salary/Rate: ☐Daily ☐Hourly ☐Annual	Contract Days:	Pay Account:

BENEFITS/INSURANCE COVERAGE (for HR only)

Life Insurance:	☐Yes ☐No		Start Date:
Dental Insurance:	☐Yes ☐No	☐Single ☐Family	Start Date:
Health Insurance:	☐Yes ☐No	☐Single ☐EE + Kids ☐Family	Start Date:
$1300 Option:	☐Yes ☐No		Start Date:

CODING (for HR only)

Life Insurance	
Dental Insurance	
Health Insurance	

APPROVAL/SIGNATURES (Follow the order of approval as listed below)	
Your signature designates approval to offer employment to the applicant and for placement on board agenda for employment. NOTE: Supervisors are not authorized to offer employment to any job applicant prior to approval by the superintendent.	
① **Program Supervisor** (to recommend employment to Supt.)	Date
② **Director of Program Service** (to verify recommendations as appropriate)	Date
③ **Assistant Superintendent (Student Services/Programming)** (to verify all recommendations as appropriate)	Date
④ **Assistant Superintendent (Human Resources and Business Operations)** (to verify all recommendations)	Date
⑤ **Superintendent** (to recommend employment to Board)	Date
⑥ **Treasurer** (to verify financial/salary)	Date
This recommendation is being returned to the supervisor for additional information. **Comments:**	