



EMPLOYMENT RECOMMENDATION

THESE ATTACHMENTS SHOULD BE INCLUDED WITH THIS RECOMMENDATION: <input type="checkbox"/> Completed Application <input type="checkbox"/> Resume <input type="checkbox"/> References <input type="checkbox"/> Licensure <input type="checkbox"/> Background Checks <input type="checkbox"/> College Transcripts				
Items in "red" are required. Recommendation will not be accepted w/o this info.				
BOARD APPROVAL REQUIRED BY:	WCESC <input type="checkbox"/>	GOVS <input type="checkbox"/>	COG <input type="checkbox"/>	Previously COG <input type="checkbox"/>
GENERAL INFO				
Last Name:	First Name, M.I.	DOB:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #
Address:		City:	State:	Zip:
Phone w/ Area Code:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Race: <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		
Background Checks/No Criminal Record: (Positive results required prior to start date)		<input type="checkbox"/> BCI (State) <input type="checkbox"/> FBI (Federal)		<input type="checkbox"/> Included w/recommendation) <input type="checkbox"/> In Process/Will Provide
ODE Licensure: <input type="checkbox"/> Included w/recommendation <input type="checkbox"/> In Process/Will Provide <input type="checkbox"/> Not required Meets HQT: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ohio Board Licensure (therapists): <input type="checkbox"/> Included w/recommendation <input type="checkbox"/> In Process/Will Provide <input type="checkbox"/> Not Required				
DASL Account Required: : <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Start Date:	Position End Date:		Board Hire Date:	
CONTRACT DEVELOPMENT				
Position/Title:	Program:	Assigned Location(s) (designate %)	Type: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified	
Recommended applicant is a relative, close friend, family friend, etc. of:		Please comment:		
Contract: <input type="checkbox"/> Limited <input type="checkbox"/> Continuing <input type="checkbox"/> Retire/Rehire <input type="checkbox"/> Supplemental		Salary Schedule (type):	Step	Degree Level:
Salary (list Rate/Amount):		Contract Days (include holidays):		
<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Annual \$		# Days plus # Holidays equal # Total Days:		
BENEFITS/INSURANCE COVERAGE (for HR only)				
Life Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date:	
Dental Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Family	Start Date:	
Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> EE + Kids <input type="checkbox"/> Family	Start Date:	
\$1300 Option:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date:	

