

BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

RECOMMENDATION FORM
(Noninstructional)

THIS FORM MUST BE COMPLETE BEFORE RETURNING TO HUMAN RESOURCES OFFICE

INTERVIEWING TEAM – Chairperson: _____ Date: _____

Members: _____

Recommended applicant:

Name
Address
Telephone
Social Security
Account Code: - - - - - - fund – function – object – organization – operation – subject matter

ASSIGNMENT:

Building: _____

Position: _____

Effective: _____

Status: _____

Other applicants who were interviewed:

1.	Name	_____
	Address	_____
	Telephone Number	_____
2.	Name	_____
	Address	_____
	Telephone Number	_____
3.	Name	_____
	Address	_____
	Telephone Number	_____
4.	Name	_____
	Address	_____
	Telephone Number	_____

Reasons for recommending this candidate:

References with whom you spoke regarding the recommended candidate: (may be taken directly from application)

1.	Name	_____
	Position	_____
	Address	_____
	Telephone Number	_____
2.	Name	_____
	Position	_____
	Address	_____
	Telephone Number	_____
3.	Name	_____
	Position	_____
	Address	_____
	Telephone Number	_____

Signature

Date