

# CRAVEN COUNTY SCHOOLS

Recommendation for Employment

**Date:** \_\_\_\_\_ **Licensed Position** **Classified Position**  
New Employee Transfer/Reassignment From: \_\_\_\_\_/\_\_\_\_\_

**Recommendation of:** \_\_\_\_\_ **Location (School/Division):** \_\_\_\_\_

**Race:** Caucasian African-American American Indian/Alaska Native Asian Native Hawaiian  
Other Pacific Islander **Is the individual Hispanic/Latino?** Yes No **(Must be answered by all)**

**Recommendation for:** Employment Extended Employment Budget Code Change  
Supplement/Stipend Other: \_\_\_\_\_

**Position of:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_

**To replace:** \_\_\_\_\_ **Position #:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

## EMPLOYMENT STATUS:

Alternative License: Yes\* No \*If YES, contact the Licensure Specialist prior to submitting the recommendation.  
Date contacted Licensure Specialist: \_\_\_\_\_

**Position:** Permanent Annual Temporary Interim 10 month 10+1 month 12 months

**Start Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **Total hours per week:** \_\_\_\_\_

**Budget Code:** \_\_\_\_\_

**Reference Check:** The *Telephone Reference Form* (Attachment C) should be submitted with this recommendation

Has employee ever been on an Improvement Plan? Yes No Eligible for re-hire? Yes No

*\*Asst. Superintendent of Human Resources must be contacted for any unusual circumstances*

\_\_\_\_\_  
**Administrator** **Date** **Program Director (if applicable)** **Date**

\_\_\_\_\_  
**Asst. Superintendent of Human Resources** **Date** **Superintendent** **Date**

COMMENTS:	EMPLOYEE CONTACT INFORMATION: PHONE #: _____ PERSONAL EMAIL ADDRESS: _____
FINANCE: Hire Date: _____ % Employed: _____ Pay Level: _____ Salary/Hourly Rate: _____ Pay Supplement: ___Yes ___No Eligible for Health Insurance: ___Yes ___No Eligible for Retirement: ___Yes ___No ___ Installment Form ___ Tax Forms ___ Direct Deposit Form	LICENSURE SPECIALIST: ___ BT: _____ Position #: _____ Licensure Status: _____ _____ _____

# *Quick Reference*

## RECOMMENDATION FOR EMPLOYMENT SIGN-OFF REQUIREMENTS

- All vacancies must be posted on the county’s website 5 days prior to submitting a recommendation. The vacancy form is located on iweb. If the vacancy is a result of a resignation, the vacancy form must be accompanied by a signed and dated resignation letter with an intended last day date. Both may be faxed to 514-6352. If sent by mail, direct them to Wanda Dunsworth, HRS or wanda.dunsworth@cravenk12.org.
- The recommendation form may also be found on iweb. The form should be marked licensed or classified based on whether the **position** is licensed or classified.
- New employee recommendations must have an application, interview & ethnicity forms attached. The interview forms are not on iweb, HRS will email those forms and you may save them for future use.
- Any employee requiring HQ status, i.e. Teacher Assistants, Tutors, and Teachers, will need transcripts and a copy of their license and praxis scores (if applicable). Ask if they have mailed these to HRS, if not, have them mail or drop off to principal or directly to HRS. Without transcripts new employees will go into the HOLD tank until received.
- Do **not** fax recommendation forms unless they are time sensitive (employee starting date is imminent). This does not apply to open season (April 1 - June 15<sup>th</sup>).
- If you are hiring an employee who is a RETIREE RETURNING ON CONTRACT – it should be noted on the recommendation form.
- If the employee has worked for CCS within the past 12 months, please note it on the recommendation.
- If the employee is currently employed and you are recommending for extended employment, such as summer school teachers, please note it.
- Please put the employees’ proper names on recommendations – no nick names.
- SOCIAL SECURITY NUMBERS – the FULL number must be on the form, even if the employee is current.
- Date of birth, race AND Hispanic/Latino descent must be noted on the recommendation for all employees.
- Provide exact starting and ending dates.
- Provide (if applicable) who employee is replacing and reason for replacement.
- Do not tell a recommended employee to go to HRS. We will contact the employee to come in when the paperwork has been processed.

Any recommendations signed by the specific program Directors **MUST** include budget codes. Send them to the required Director – they will sign and forward to HRS.

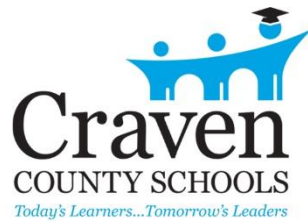
<b>Recommendation for</b>	<b>Director Signature Required</b>
AIG	VACANT, Executive Director of Curriculum and Instruction
Career and Technical Ed. Employees	Holly Tolston, Career & Technical Ed. Department
School Nutrition Employees	Lauren Weyand, School Nutrition Department
ECP Employees – Temp or Perm.	Lynn Hardison, ECP Division
Federal Programs, Title I, Tutors (if Title I)	Jason Griffin, Federal Programs Division
School Nurses, Driver Ed. Teachers, Athletic Contracts	Debbie Hodges, Student Services
Transportation (Bus drivers)	Thomasine Hassell, Transportation Division

**LEAVE AND BENEFITS – ELIGIBILITY:**

- To earn leave – must work for at least 20 hours per week for at least 6 months.
- To earn leave AND benefits (retirement, healthcare) – must work at least 30 hours per week.

**RETIREEES:**

- Can work part-time for the entire school year, for <30 hours per week, and are subject to a salary cap.
- Can work full-time **ONLY** if <6 months and are still subject to a salary cap for the calendar year.
- Cannot return to work in any capacity until 6 months after their retirement date. No exceptions.



## APPLICATION AGREEMENT

In accordance with North Carolina state law, I understand and agree that, if offered employment by the Craven County Schools System, I will (1) complete and return a North Carolina Health Examination Certificate and (2) consent to a criminal records background check. I also understand and agree that any failure to comply with, complete, or meet such requirements by me will result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, or discharge if applicable. I hereby authorize the Craven County Board of Education, its agents, and employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal, law enforcement, or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give the Board of Education, its agents, or employees any information they have regarding me including the release of any information in my personnel file.

In consideration of the review of my employment application by the Craven County Board of Education, its agents, and employees, I hereby release the Board of Education and any and all providers of information from any liability as a result of furnishing and receiving this information. I understand that it is the express goal of the Craven County Board of Education to provide a drug free environment for all employees. To this end, the District will take specific action as outlined in the Substance Abuse procedures, which includes the testing of employees for drugs and alcohol. I understand that any false information or the omission of any required information on the application, attachments to it, or in personal interviews will be considered sufficient grounds for immediate denial of my employment, the withdrawal of any conditional offer of employment, if made, or dismissal.

I agree to notify the Human Resource Services Department in writing immediately of any change in the information provided on this application, including any changes in my criminal record. I understand that no offer of employment by any official, agent, or employee of the Craven County Schools is binding until approved by the Board of Education. This application is not complete until all transcript(s) and copies of certificate(s), if applicable, are received by Craven County Schools, Human Resource Services Department, 3600 Trent Road, New Bern, North Carolina 28562.

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Signature

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Date

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Printed Name

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Social Security Number

# CRAVEN COUNTY SCHOOLS NOTIFICATION AND RELEASE FORM

A Third-party vendor on behalf of Craven County Schools will conduct a criminal and civil records check on you before approving your application for employment or volunteering. Craven County Schools will conduct ongoing monitoring on all approved employees/volunteers through a Third-party vendor. Note, however, that the Fair Credit Reporting Act (FCRA), despite its name, still governs background checks that solely seek criminal and civil records check. **Craven County Schools will not be reviewing credit reports unless you are seeking employment for positions relative to finance and collections of funds.**

1. I hereby consent to and authorize Craven County Board of Education/Craven County Schools (the "Board of Education") to obtain one or more criminal and civil records check (these reports may be of the type governed by the FCRA) on me in connection with my employment/volunteering with Craven County Schools. Such criminal history reports include information regarding my criminal and civil arrest records and my driving record.

2. I understand that the agencies from which these criminal and civil records check may be sought will be Third-party vendors. These vendors may be of the type governed by the FCRA.

3. I also understand that this authorization, in original or copy form, shall be valid for this and any future criminal history reports or updates that may be requested in connection with my employment/volunteering with Craven County Schools, including criminal and civil records check conducted on a daily, periodic, selective, random or rotating basis once hired/approved.

4. I acknowledge that I have read the information contained on this form carefully and certify that all of the information completed by me on the attached data sheet and as contained in my application for employment/volunteering with Craven County Schools (and any attachments to it) are true and complete to the best of my knowledge.

5. I understand that any omission of fact or false or misleading information provided in the criminal and civil records check authorization and data form (and any attachments to it), and as contained in the application for employment/volunteering with Craven County Schools (and any attachments to it), may result in denial, suspension or discharge, as applicable.

6. I understand that Craven County Schools will not review my credit report unless I am applying for a position relative to finance and/or collections of funds.

7. I understand that employment/volunteering with Craven County Schools is conditional pending approval by Craven County Schools Board of Education and completion of the criminal and civil records check.

8. I understand that employees/volunteers shall notify the Assistant Superintendent of Human Resource Services **immediately** if they are **charged** with or **convicted** of a criminal or civil offense (including entering a plea of guilty or *nolo contendere*) except minor traffic violations.

9. I hereby authorize Craven County Schools to obtain a criminal and civil records check from a credit reporting agency, First Point Resources, or other agencies, and waive any claim for damages or injury against Craven County Schools or the provider of the report, except as provided by the Fair Credit Reporting Act.

10. I understand that before any adverse action is taken against me based on the criminal and civil records check, the school system will provide me a copy of my background check and a notice of my rights as defined by the Federal Trade Commission or I can request a copy of my background check by contacting First Point Resources. First Point Resources is the Credit Reporting Agency used for the purposes of obtaining the criminal and civil records check. This agency can be reached at 1-800-449-0254.

**Employee/Volunteer/Intern/Sub/Bus Driver Applicant Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Revised 1/26/12; 1/28/15; 4/5/16; 8/2020; 1/2021

# CRAVEN COUNTY BOARD OF EDUCATION CRIMINAL AND CIVIL BACKGROUND CHECK AUTHORIZATION DATA FORM

*This form may be completed online. Once completed, print the form then date, sign, print social security number and name. Information printed on this form can not be saved online.*

**Check one:** I am a/an  Employee  Intern/Sub/Bus Driver Applicant  Volunteer/Paid Volunteer Coach

Name \_\_\_\_\_  
Last First Middle

Previous Legal Name (Maiden Name) \_\_\_\_\_ Year Changed \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Driver License State \_\_\_\_\_

Driver License Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Residential Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*Note: Information regarding your date of birth is being obtained for purposes of your background check.**

Have you lived at your current address for longer than 90 days? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, how long? \_\_\_\_\_

**Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of nolo contendere/no contest, deferred prosecutions, prayers for judgment continued, entries into a pre-trial diversion or similar program in lieu of prosecution of any crime, and pending charges. Please also list any past or present felony or misdemeanor criminal arrests or charges involving children under the age of 18, regardless of the ultimate outcome of the criminal proceeding. Your listing should include DWI/DUI convictions, guilty pleas, etc., but exclude all minor traffic violation (e.g., speeding and expired registration violations). Do not list offenses for which the record(s) has been expunged. Provide date(s), court of jurisdiction, county/parish and state. Attach another page if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all other cities, counties and states in which you have lived within the past 10 years. Attach another page if necessary.

_____ City	_____ County	_____ State	_____ Dates
_____ City	_____ County	_____ State	_____ Dates

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Print Name: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

**CRAVEN COUNTY BOARD OF EDUCATION EMPLOYEE/VOLUNTEER  
CRIMINAL AND CIVIL BACKGROUND CHECK AUTHORIZATION DATA**

**ADDITIONAL ADDRESS SHEET FOR \_\_\_\_\_**

**PREVIOUS ADDRESS(ES) PROVIDE ALL ADDRESSES FOR PREVIOUS 10 Yrs.**

Street \_\_\_\_\_ From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

**PREVIOUS ADDRESS(ES) PROVIDE ALL ADDRESSES FOR PREVIOUS 10 Yrs.**

Street \_\_\_\_\_ From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

**PREVIOUS ADDRESS(ES) PROVIDE ALL ADDRESSES FOR PREVIOUS 10 Yrs.**

Street \_\_\_\_\_ From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

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City, State, Zip, County \_\_\_\_\_