

School District Name

District Contact
District Contact Position

Address Line #1
Address Line #2
City, State, Zip Code

Determination of Eligibility for Hire – Policy Form 5120F

(DATE)

RE: [NAME OF APPLICANT]

In regards to the determination of eligibility for hire/licensure; based on the minimum criteria as specified in the ____ School District Applicant Background Check Procedure, the individual listed below:

Name

Date of Birth

- Meets eligibility criteria**
 Does NOT meet eligibility criteria

Please contact ____ School District with any questions regarding this determination or to be provided with a copy of the ____ School District Applicant Background Check Procedure.

Determination Completed By:

Signature

Printed Name

Title

Date