

Teacher Referral Program - Candidate Form

Thank you for your interest in the JPS Teacher Referral Program! Please complete this form to ensure that the referring employee receives the appropriate referral incentive.

Submission Instructions:

Please complete both sides of the form, and submit the completed form to the JPS Human Resources Department via email to <u>Dr. Tommy Nalls</u> or in person at **624 South President Street, Jackson, MS 39201**. Forms must be submitted at the time of application to be considered for the referral program.

Candi	date Information
•	Full Name:
•	Phone Number:
•	Email Address:
•	Teaching Position Applied For:
•	School Location (if any):
•	Certification Area(s):
•	Date of Application Submission:/
Referi	ring Employee Information
•	Full Name:
•	JPS Employee ID (if known):
•	Current School/Department:
•	Phone Number:
•	Email Address:
Eligibi	ility for Additional Incentives
(Pleas	e check all that apply)
	Candidate is applying for a hard-to-fill position (STEM, Special Education, etc.)
	Candidate is applying for a high-need school placement
	Candidate is a previous JPS employee returning to the district

Candidate Acknowledgment

l,	, confirm that	referred me to apply
(Candidate's Name)	(Referring Employe	ee's Name)
for a teaching position at Jackson Pub	olic Schools. I understand that this infor	rmation will be used to process the
referral incentive if I am successfully	hired and remain employed for the requ	uired period.
Candidate Signature:	Date://	
	Referring Employee Acknowledgmen	n <u>t</u>
I,	, confirm that I referred	to apply for a
(Referring Employee's Name) (Candidate's		andidate's Name)
teaching position at Jackson Public S	chools. I understand that referral incent	tives are contingent on the candidate's
Referring Employee Signature:	Date:/	
	For HR Use Only	
High-Need School Bonus E	ligible? □ Yes □ No (\$500)	
Total Referral Incentive App	proved: \$	
HR Representative Name: _		
HR Representative Signatu	re: Date	:/