



EMPLOYEE REFERRAL FORM

Employee Information

Employee Name: _____ Date: _____

E-Mail Address: _____ Telephone Number: _____

Referral Information

Candidate Name: _____

E-Mail Address: _____ Telephone Number: _____

Position Referred For: _____

Why this candidate is qualified for this position:

For Human Resources Use Only

Date Received: _____ Interviewed? _____

Hired? _____ Award Date: _____