



EMPLOYEE REFERRAL FORM

1. What is your relationship to the applicant?

2. How long have you known the applicant? _____

3. Please rate the applicant to the best of your knowledge on the factors below:

Overall Evaluation Excellent Good Average Unknown

Ability to handle stress Excellent Good Average Unknown

Personality Outgoing/Friendly Shy/Reserved Outspoken Quiet

Willingness to serve others Excellent Good Average Unknown

4. If you would like to provide additional information or comments about the applicant, please do so in the space provided or provide attachments if necessary.

I have read and understand the Employee Referral Program. I understand that if the candidate I referred is hired as a result of my referral, I will receive a referral incentive of \$500 in two installments. I understand that the full amount of the referral is based upon the referred candidate’s successful completion of occupational certification or the working test period. I certify that the information provided herein is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Prospective Candidate: (please print)		
Last:	First	M.I.
For:		
Referring employee: (please print)		Employee ID:
Last:	First:	Department:

Received by:

Date: July 2022