

EMPLOYEE REFERRAL FORM

To be completed by APPLICANT

Your Name: _____ Phone #: _____

Address: _____

Position applying for: _____

Employee name who referred you: _____

Applicant Signature Date

To be completed by EMPLOYEE

Employee Name: _____ Department: _____

My knowledge of the above applicant is based on our prior work association, friendship, or referral and recommendation by a mutual friend.
Explain:

My personal assessment of this applicant's potential for meeting the position requirements (qualifications, interests, motivation, etc...) is as follows:

Employee Signature Date

To be completed by DEPARTMENT HEAD
SUBMIT To: HR Director to process

SUBMIT

Applicant contacted: Yes No Interviewed: Yes No

Results of Interview: Yes No Orientation: _____ DOH: _____

Referral fee approved: Yes No _____
Dept. Head Signature Date